



Railroad Protective Liability Insurance Contractor Application

Vers 24-10_HUB USI RRPL

Agent Information

Agency Name: HUB International Mid-America Limited, Inc
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Railroad Information

Is the insured "Norfolk Southern Corporation"? Yes No
 Is the insured "BNSF Railway Company"? Yes No

Insured Name (Railroad):

Insured Address:

City

State

Zip

Project Information

Effective Date: (mm/dd/yyyy format)

Expiration Date: (mm/dd/yyyy format)

Work Performed For: Railroad
 Govt Authority/Other, If so...

Govt or/ Other Name (Work Being Performed For)

Address

City State Zip

Does your work include any bridge work?: Yes No

Does the project involve overhead lines and/or wire work?: Yes No

(Note: If other types of construction are involved, then answer "No")

If yes... Parallel (along the tracks) Number of Feet (Length):
 Perpendicular to tracks(over the tracks) # of Installations

Does the project involve underground lines/wire and/or underground pipe work?: Yes No

(Note: If other types of construction are involved, then answer "No")

If yes... Parallel (along the tracks) Number of Feet (Length):
 Perpendicular to tracks(over the tracks) # of Installations

Description of the Work to be Performed (incl. within 50ft of RR right of way):

Does the project involve any work within 50 feet of the railroad right of way?: Yes No

Contract Number or Name:

Project Location (be as detailed as possible – mile marker, cross road, etc.):

In which state is the project located?:

In which city is the project located?:

"The work is:" (Check **ALL** that apply. You must check at least one item.)

- adjacent to the tracks
- over the tracks
- under the tracks
- at right angles to the tracks
- parallel to the tracks

"The project or work involves:" (Check **ALL** that apply)

- Use of explosives or fireworks
- Underground construction such as subways or mines (does not apply to underground pipe)
- Work in existing refineries, chemical plants, mills or grain elevators
- Hazardous chemicals
- Underwater
- Actual construction of tracks while any trains pass through the right of way

Total Contract Price:

Contract Price Within 50 Feet of the Railroad Right of Way:

Material Cost within 50 Feet of Railroad Right of way:

Trains Per Day:

Requested Limits:

Your General Liability and Umbrella policy information:
Limit carried must equal or be greater than limit requested

- 1mm/3mm 2mm/4mm 2mm/6mm 3mm/6mm
- 5mm/10mm 6mm/12mm 10mm/10mm 10mm/20mm
- Other

Contractor Information

Contractor Company:

Company Address:

City State Zip

General Liability Ins. Co.:

Limits of Liability: 1mm/1mm OTHER:
 1mm/2mm 2mm/4mm

Effective Date: (mm/dd/yyyy format)

Expiration Date: (mm/dd/yyyy format)

Umbrella Liability Ins. Co.:

Umbrella Limit of Liability:

Will a project contract, including a hold harmless agreement, be signed by the designated contractor?:
 Yes No

Will the railroad be named as an additional insured on the contractor's GL policy?: Yes No

Will the contractual exclusion for the work within 50 feet of the railroad property be deleted on the contractor's general liability and umbrella policies?: Yes No

Is a Slow Order in place for the duration of the project?: Yes No

Will the railroad assign flagmen or supervisors to the project?: Yes No

Will other railroad employees (other than flagmen/supervisors) be assigned to the project?
 Yes No

Comments:

Applicant's Name

Date Completed

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE PERSON LISTED ABOVE IS STATING THAT THEY ARE THE AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

The carrier reserves the right to refuse any binder for ineligible exposures including but not limited to any erroneous, incomplete, or inaccurate applications.

PLEASE NOTE: PREMIUM PAYMENT WILL BE DUE UPON RECEIPT OF INVOICE IF COVERAGE IS BOUND.



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Contractor Application