



RAILROAD CONTRACTORS SUPPLEMENTAL APPLICATION

Name of Insured: _____

Address: _____ City _____ State _____ Zip _____

Website: _____

1.) Description of operations by customer and type of work:

	Class I:	Passenger:	Regional/ Shortline:	Industrial:
Derailment Clean-up Work:	%	%	%	%
Vegetation Control Work:	%	%	%	%
Signal Work:	%	%	%	%
Spurtrack:	%	%	%	%
Sidetrack:	%	%	%	%
Mainline:	%	%	%	%
Yard Track:	%	%	%	%
Other (please describe below):	%	%	%	%

Total _____ + _____ + _____ + _____ = 100%

Please explain other:

2.) How many years have you been in business? _____

3) Are you a member of the National Association of Railroad Construction and Maintenance Association "NRC" Yes ___ No ___

4.) What are the total contract values/payrolls for each of the last three years?

20_____ Contract \$ _____ Payroll \$ _____

20_____ Contract \$ _____ Payroll \$ _____

20_____ Contract \$ _____ Payroll \$ _____

ESTIMATED contract/payroll for the coming year?

20_____ Contract \$ _____ Payroll \$ _____

5.) Please list major projects you have completed over the past three years:

<u>CUSTOMER</u>	<u>PROJECT</u>	<u>CONTRACT VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6.) Do you ever work in conjunction with railroad employees or under the supervision of a railroad?

If yes, please explain _____

7.) Do you use sub-contractors? Yes___ No___

If yes, please advise the following:

a.) Is insurance required? Yes___ No___

b.) Are certificates of insurance required? Yes___ No___

c.) Are you named as an additional insured and/or held harmless?
Yes___ No___

8.) Do you work on bridges? Yes___ No___ If yes, does work include any of the following:

a.) Structural work _____

b.) Welding _____

9.) Do you provide design services? Yes ___ No ___

If yes, please describe: _____
_____.

10.) Is any equipment leased to others? Yes ___ No ___

If yes, with operators? Yes ___ No ___

Do you require additional insured status on the lessee's General Liability policy? Yes ___ No ___

11.) Does your safety plan follow Class I railroad specifications? Yes ___ No ___

If not, please provide details of your safety plan:

Please provide the following additional information:

Acord Commercial Insurance and General Liability applications
5 years hard copy GL loss runs
Sample contracts
Financial statements
Copy of safety plan

Signature of Applicant*: _____ Date: _____

Title: _____

Name of Broker: _____

***The application must be signed prior to binding coverage**

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