



RAILROAD PROTECTIVE LIABILITY APPLICATION

Named Insured Railroad _____
& Mailing Address: _____

Name & Address of
Designated Contractor: _____

Contractor's GL Limits: _____ OCC Carrier: _____

Contractor's Umb. Limits: _____ OCC Carrier: _____

Will the Contractor be holding the Railroad harmless? _____ Y _____ N

Will the Railroad be listed as an Add'l. Insd. on the Contractor's GL & Umb. Policies? _____ Y _____ N

Will the Contractor's GL & Umb. policies remove the contractual exclusion for work w/in 50' of a Railroad?
_____ Y _____ N

RRP Limits Required: _____ OCC _____ AGG

Name & Address for Whom Work is Being Performed: _____

Description of Job: _____

Job Contract #: _____

Location of Job: _____

Approximate Length of Job (years/months): _____

Total Cost of Job: _____ Cost of work w/in 50' of Tracks: _____

Daily Train Traffic: _____ Freight _____ Passenger

Will there be any Railroad flagmen/supervisors? _____ Y _____ N

Will there be any other work being performed by any Railroad employees? _____ Y _____ N

If so, please describe: _____

Will there be any Railroad equipment assigned to the contractor? _____ Y _____ N

If so, please describe: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

06/10

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Please send submission to: terri.knott@libertyiu.com
Or Contact Terri directly @ 410-891-0145