



**RAILROAD CONTRACTORS SUPPLEMENTAL APPLICATION**

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: \_\_\_\_\_

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

	<b>Class I:</b>	<b>Passenger:</b>	<b>Regional/ Shortline:</b>	<b>Industrial:</b>
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 \$ \_\_\_\_\_

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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**

LIU Railroad Department:

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