

RAILROAD PROTECTIVE LIABILITY APPLICATION

Railroad
(Named Insured) _____

Contractor &
Address _____

Contractor's GL Information: Primary Limits Carrier _____ Excess/Umbrella Limits Carrier _____

Will RR be listed as Additional Insured on the Contractor's GL policy? Yes _____ No _____

Has the contractual exclusion for work within 50 feet of railroad been deleted from the contractors GL or Umbrella Policies? Yes _____ No _____

Name of involved governmental authority (if applicable): _____

Railroad Protective Limits desired: _____ Occurrence _____ Aggregate _____

Bid date: _____ Term: _____ to _____

Description of work within 50' of the tracks: _____

Location: _____

Is Construction: () Parallel to () Over () Under or () on the railroad tracks

Total Job Cost: _____ Job cost within 50 feet of railroad tracks: _____

Daily train traffic: Freight: _____ Passenger: _____

Work performed by Railroad: Flagmen/Supervisors _____
Other Railroad Employees? No _____ Yes _____

Will there be any blasting? Explain: _____
No _____ Yes _____

Broker: _____
