

SHORT LINE RAILROAD LIABILITY INSURANCE APPLICATION

This application is for Claims Made Coverage. Complete a separate application for each subsidiary or affiliated Railroad Company to be insured. Submit a signed copy of authorization to obtain information. Submit current financial statements, if new operation provide pro-forma financials. This application and all supplemental forms must be signed and dated by the principal of the entity.

1. Name of railroad: _____
2. Mailing Address: _____
3. Locations of Operations: _____
4. Name of Contract: _____
 Name of Contact: _____
 Name of Contact for Inspection: _____
 Name of Contact for Audit: _____
5. Telephone Number: _____
6. Applicant is: Individual Partnership Corporation Other
7. Number of years' experience general manager has had in short line industry: _____

8. a) Names of subsidiaries or affiliate railroad or companies: _____

- b) List all Additional Insured to be added to policy and a brief explanation as to their interest: (provide copies of lease and/or contractual agreements, if any) _____

9. List interchange locations of Railroad (railcar repair). If jointly owned or operated with other railroads, provide copies of liability agreements between the railroads. Provide copies of all hold harmless agreements and repair contracts.

10. If a company (in item 1 or 8) is newly formed, provided the following:
 - a) Name of previous owner: _____
 - b) If track has not been in operation, please advise how long: _____
 - c) What is prior railroad operating experience of officers: _____

11. Description of Operations

- a) Types of industries served and general description of operations (indicate hours of operation):

- b) List major commodities and percentage of each handled per year:

Commodities	%	# of Carloads per year
TOTAL 100%		

- c) Describe Hazardous materials, chemicals or explosives:

Specific Type	# of Cars/Trains	# of Carloads per year

- d) Number of cars owned/leased/rented _____
 Number of engines owned/leased/rented _____
 Average number of foreign cars on line per month _____

Number of excursion passengers carried per year _____
 Total passenger revenue per year \$ _____
 Average speed of train _____
 Maximum speed of train _____
 Average number of cars per train _____
 Average value of lading per train _____

e) Interchange partner and types of services performed: _____

12. Description of Track and Employees

a) General condition of track: _____
 Specify track maintenance class: _____
 Total miles of track: _____
 Miles of track operated: _____
 How many miles of accepted track (Class I or lower): _____
 Number, general condition and type of bridges crossed by your line: _____

b) Number of unprotected grade crossings: _____
 Total number of grade crossings: _____
 I. Current Year _____
 II. Last Year _____
 III. Previous Year _____
 Maintenance of way: _____
 Maintenance of equipment: _____

c) How often are there maintenance inspection by railroad personnel _____
 Name and title of contract for engineering inspection _____
 Telephone Number _____
 Do you contact with an outside security firm? If yes, provide certificate of insurance. Yes No
 If yes, the number of guards? _____
 Any special training received? If yes, provide certificate of insurance. Yes No

d) List number of employees and annual payroll for each of the last 3 years plus estimate for the coming year:

	Year	# of Employees	Total Payroll
Estimated for the coming year			
Current Year			
1 st Previous Year			
2 nd Previous Year			

e) List locomotive engineer information:

Name of Driver	Date of Birth	Driver's License #	Province

f) List total profitability before taxes for each of the last 3 years and estimate for coming year or alternatively probability ratio for each respective year:

	Year	Revenues	Expenses	Fiscal Period
Estimate for the coming Year				
Current Year				
1 st Previous Year				
2 nd Previous Year				

g) Have you ever filed for protection under the bankruptcy laws? Yes No

h) Have you been cited or fined by a Government agency for any reason during the past 3 years? Yes No
 If yes, provide a complete description of the incident and what remedial action was taken and current status:

i) Current Program:
 I. Name of carrier: _____
 II. Policy number: _____
 III. Policy term: _____
 IV. Retroactive date: _____
 V. Coverage and limited carried:
 Check coverage carried: BI PD
 VI. Premium and rate: (indicate rating basis) _____

j) Have you ever been denied coverage? Yes No
 If yes, please provide details: _____

k) Request program:
 I. Limit of liability: _____
 II. Each accident self-insured retention (\$25,000 min): _____
 III. Proposed effective date: _____
 IV. Proposed retroactive date: _____

13. Employment Practices

a) Do you currently have in place a rule certification program? Yes No
 If so, what are the requirements for the program? _____
 Do you have re-certification as well? Yes No
 If so, how often are employees re-certified and by whom? _____
 b) How many training classes are held each year? _____
 c) Are training classes mandatory for all employees? Yes No
 d) Do you have a drug and alcohol testing program that meets FRA requirements? Yes No
 e) Do you have a pre-employment physical examination? Yes No
 f) Do you have a policy concerning drug and alcohol testing after employment begins? Yes No
 If so, provide details: _____
 g) Do you have an efficient testing program in place to ensure compliance? Yes No

14. Employee Insurance

a) Medical Insurance:
 I. Is coverage written on an occupational basis? Yes No
 II. What is lifetime maximum amount per employee? _____
 III. What is maximum out of pocket per employee per year? _____
 b) Disability Income Insurance:
 I. What is maximum benefit period for any employee? _____
 II. What percentage or amount of lost weekly wages is covered? _____
 c) Accidental Death and Dismemberment Policy:
 I. What is the amount provided for the accidental death of any employee? _____
 II. Does the coverage apply on 24-hour occupational/non-occupational basis? If yes, please provide a copy of the policy declarations page Yes No

15. Claim Details

- a) Has applicant had any general liability, bill of lading, foreign rolling stock or federal employer’s liability claims in the past 5 years? Yes No
 If yes, describe in detail using the Claim Description Section (next section) one for each claim. Also if available attach insurance company loss runs.
- b) Please list below all incidents/accidents that the applicant is aware of which have occurred on or after the requested retroactive date and which have resulted in bodily injury or property damage, but have not resulted in a claim being made as of date of this applicant:

Date of incident/accident	Description (include names of injured persons)	Extent of bodily injury/property damage	Current status (include any amounts paid)

16. Claim Description Section

- a) Describe each claim (last 5 years)
- I. Date of occurrence: _____
 - II. Who is the plaintiff(s): _____
 - III. Who is the defendant(s): _____
 - IV. Name of insurance carrier: _____
 - V. How accident occurred: _____
- b) Reserves:
- I. What are the insurance company current reserves for damages claimed?
 Bodily Injury \$ _____ Property Damages \$ _____
 Loss Adjustment Expense \$ _____
 - II. Has loss reserve grown from original amount? Yes No
 If yes, what was the original reserve? \$ _____
 - III. What is your opinion of the validity of this claim? _____
- c) Paid:
- I. Bodily Injury \$ _____ Property Damage \$ _____
 Loss Adjustment Expenses (including estimates) \$ _____

NOTICE TO APPLICANT – PLEASE READ CAREFULLY

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material change as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

Privacy Disclosure and Consent

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant’s Signature: _____ Date: _____

Brokerage Name: _____

Broker’s Signature: _____ Date: _____