



Railroad Protective Liability Coverage

(Quote Indication – Short Form. Attach/Submit ACORD 801)

1. Applicant Information:

A. Name Insured Railroad:

1. DBA: _____

2. Address: _____

3. City: _____ State: ____ Zip Code: _____

B. Name Designated Contractor:

1. DBA: _____

2. Address: _____

3. City: _____ State: ____ Zip Code: _____

C. Name Governmental Authority for whom work is being performed (if applicable):

1. Address: _____

2. City: _____ State: ____ Zip Code: _____

2. Operations

A. Anticipated Start Date: _____

B. Anticipated Completion Date: _____

C. Full Contract Cost: _____

D. Cost Within 50' Of Tracks: _____

E. Job Location: _____ Job Location State: _____

F. Total number of tracks at site: _____

G. Number of Freight Trains (Daily Train Movement & During Work Hours) at site: _____

H. Number of Passenger Trains (Daily Train Movement & During Work Hours) at site: _____

I. Is Movement of Tracks Involved? Yes No

If "Yes" please explain: _____

J. Is Construction (Please check one) Parallel To Tracks On Tracks Over Tracks Under Tracks

K. Are slow orders in effect? Yes No If "Yes" please explain: _____

3. Policy Limits: _____

4. Coverages & Endorsements requested: _____

5. TRIA Coverage: Yes No

The Applicant hereby covenants and agrees that the foregoing statements and answers are just, full and true exposition of all facts and circumstances with regard to the risk to be insured, insofar same are known to the Applicant, and the same are hereby made the basis and a condition of the insurance, and a warranty on the part of the insured.

Applicant's Signature _____ Date: _____

Producer's Signature _____ Date: _____