



UNITED SHORTLINE INSURANCE SERVICES, Inc.

COMMERCIAL INLAND MARINE INSURANCE APPLICATION

This is a **writable** PDF form. Enter your data by tabbing between lines, and print the form once you have completed all the fields as well as possible. Fax the printed form and related documents to our offices.

I. Name and Address of Insured:

Name: _____

Address: _____

_____ St. ___ ZIP _____

2. Proposed Effective Date: _____

3. Type of Coverage: () Contingent () Direct

4. Total Insurance Values: _____

5. Per Occurrence Loss Limit: _____

6. Deductibles:

Per Car: _____ Per Locomotive: _____ Per Occurrence: _____

7. Present Coverage:

Carrier: _____ Limits: _____ Premium and Rate: _____

8. Attach Schedule listing the Type, Serial Number, Age and Value of ALL Cars and Locomotives to be covered. (Attach as a MS Word Doc, or .txt file, if E-mailing.)

9. List, If Any, Who the Cars and Locomotives are Leased To / From

10. What are the Maximum Number of Cars per Train _____

11. List Type of Commodities Hauled

12. Are Chemicals or Explosives Carried () Yes () No

13. Describe Operation Radius _____

14. Who is Responsible for Maintenance and Service of Cars

15. Do You Operate over I.C.C. Track ? () Yes () No

16. How Frequently are Routine Inspections Done _____

17. Describe Any Losses in the Past Five (5) Years

18. Add Any Pertinent Information not covered in the above questions

19. Please List All Power Equipment

Year

Make

Model #

Insurable Value

(Attach as a MS Word Doc, or .txt file, if E-mailing.)

Authorized Representative

Dated

Signature

Title

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