

A NEW TRAIN OF THOUGHT



EXPANDED COVERAGE

UNITED SHORTLINE INSURANCE SERVICES, INC.

APPLICATION FOR: RAILROAD PROTECTIVE LIABILITY

*Please complete the following "mini-application" in Acrobat and return to United Shortline by either e-mail or fax for immediate processing.

1) Name of Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: # _____ Fax: # _____

Contact Name/Title: _____

2) Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3) Contractor's GL Information: _____

Primary Limits: _____ Excess/Umbrella Limits: _____

Carrier: _____ Carrier: _____

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

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

6) Name of Involved Governmental Authority (if applicable): _____

7) RR Protective Limits Desired: **Occurrence** _____ **Aggregate:** _____

8) Bid Date: _____ 11) Term: _____ 12) To: _____

9) Description of Job: _____

Location: _____

10) In Relation to Railroad Tracks, the Construction is...

Parallel To RR Over the RR Under the RR On the RR

11) Total Job Cost: \$ _____ 12) Job Cost within 50 feet of RR tracks: \$ _____

13) Daily train traffic (# of trains): **Freight** _____ **Passenger:** _____

14) Work performed by Railroad:

a) By Flagman/Supervisor?: Yes No

Explain: _____

b) By other RR Employees?: Yes No

Explain: _____

RAILROAD INSURANCE SPECIALISTS

8265 North Van Dyke | Port Austin, MI 48467 | 989-738-6400 | 800-247-2085 | Fax 989-738-6557

WWW.UNITEDSHORTLINE.COM