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## MUSEUMS & CULTURAL INSTITUTIONS SUPPLEMENT - RAILROAD

**Named Insured:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_  
**Web site Address:** \_\_\_\_\_  
**Billing Contact Information:** \_\_\_\_\_  
**Inspection Contact Information:** \_\_\_\_\_

**Please attach the following:**

- x ACORD Application (for all lines of coverage to be written)      x Loss Runs (current year plus 3 years)
- x Statement of Values (for blanket and/or agreed value)

### Section I – General Information

1. Type of museum: \_\_\_\_\_
2. Full description of operations: \_\_\_\_\_  
 \_\_\_\_\_
3. Average number of visitors annually: \_\_\_\_\_
4. Professional organization memberships: \_\_\_\_\_
5. Are you accredited?  Yes  No  
 If yes, by whom? \_\_\_\_\_
6. Please list hours of operations: \_\_\_\_\_
7. Do you have a formal safety program in place?  Yes  No
8. Do you have a written emergency evacuation plan in place?  Yes  No

### Section II - Property

In addition to completing the ACORD application, please answer the below questions regarding specific exposures.

1. Are there any buildings that are over 20 years old?  Yes  No  
 If yes, please complete the below.
2. Construction type:  Frame       Masonry Non-Combustible       Non-combustible  
 Joisted Masonry       Modified Fire Resistive       Fire Resistive
3. Date of purchase: \_\_\_\_\_ Age of Structure: \_\_\_\_\_
4. Is this a historic landmark building?  Yes  No  
 If yes, please complete the Historic Building section below.
5. Please describe any current renovations: \_\_\_\_\_  
 \_\_\_\_\_
6. Date of renovation: \_\_\_\_\_ Cost of renovation: \$ \_\_\_\_\_
7. Was the work performed by a General Contractor?  Yes  No
8. What was the length of the renovation? Start: \_\_\_\_\_ Complete: \_\_\_\_\_
9. If built prior to 1980, has an asbestos survey been conducted?  Yes  No

10. Electrical Updates:
- a) Type of Wiring:  BX Cable  Romex  Aluminum  Conduit  
 Circuit Breakers  Fuses  Both
- b) Amperage Rating:  100  150  200
- c) Has any re-wiring been done since the original construction?  Yes  No
- d) Date completed: \_\_\_\_\_
11. If the property has Aluminum wiring, has it been retrofitted with one of the PIC approved connectors by a licensed electrician (indicate which one)?  
 COPALUM?  Yes  No AlumiConn?  Yes  No  
 Date updated: \_\_\_\_\_  
 Please supply retrofit documentation or statement from installing contractor.
12. Heating & Cooling:
- a) What type of heating/cooling system is used in the building?
- b) Primary:  Wall Furnace  Electric  Gas Heater  
 Floor Furnace  Forced Air  Wood Stove
- c) What type of fuel is used? \_\_\_\_\_
- d) Secondary:  Wood Stove  Gas Heater  Electric Space Heater  
 Other: \_\_\_\_\_
- e) Has the entire original heating/cooling system or furnace been replaced?  Yes  No
- f) Date completed: \_\_\_\_\_
13. Do you have exhibits or displays requiring specialized equipment to regulate relative humidity, temperature or lighting?  Yes  No  
 If yes, please explain. \_\_\_\_\_
14. Plumbing:
- a) Pipes are:  Copper  Galvanized  Plastic  Other: \_\_\_\_\_
- b) Age of hot water system: \_\_\_\_\_
- c) Has any re-plumbing been done since the original construction?  Yes  No  
 If yes, to what extent? \_\_\_\_\_
- \_\_\_\_\_
- d) Date completed: \_\_\_\_\_
15. Type of Roof:  Tile  Composition  Wood/Shake  Comp Shingle  
 Other: \_\_\_\_\_
- a) Age of roof: \_\_\_\_\_
- b) Has the roof been entirely replaced?  Yes  No  
 Date completed: \_\_\_\_\_

**Historic Buildings:**

		Loc & Bldg	Loc & Bldg	Loc & Bldg
1.	Is this building listed on the National Historic Register?			
2.	Are replacement building materials available locally?			
3.	Will local ordinances allow the building to be rebuilt at the same location?			
4.	Has the building been completely restored?			
5.	If not, what percentage of the building has been restored?			
6.	What is the anticipated completion date for the restoration?			
7.	Is the building currently under construction?			
8.	If yes, what percentage of the building is under construction?			
9.	Is the building ADA compliant?			
10.	Is the building also a private home, hotel or inn?			
11.	If someone lives on the premises full time, do they have a separate homeowner's insurance policy?			

**Section III – Railroad Division**

- 1. How many cars and or locomotives do you own? \_\_\_\_\_
- 2. What is the income from train rides? \_\_\_\_\_
- 3. What is the income from other sources (gifts, souvenirs, food, etc.)? \_\_\_\_\_
- 4. How often do you operate? Weekends? Daily? \_\_\_\_\_
- 5. What is your operating Season? \_\_\_\_\_
- 6. Track Gauge: \_\_\_\_\_ Miles of track: \_\_\_\_\_ Miles of track being utilized/operated on: \_\_\_\_\_
- 7. Describe in detail train and track maintenance program? \_\_\_\_\_
- 8. Does the train operate on owned or leased property? Explain if other \_\_\_\_\_

**Section IV – Hired and Non-owned Vehicles**

- 1. Does the Applicant hire vehicles?  Yes  No  
If yes, what type of vehicles does the Applicant hire? \_\_\_\_\_  
  
Does the Applicant obtain Certificates of Insurance from vehicle owners?  Yes  No  
What minimum limits does the Applicant require? \$ \_\_\_\_\_
- 2. Does the Applicant hire from a transportation company?  Yes  No  
If yes, with drivers?  Yes  No
- 3. Total number of hired vehicles: \_\_\_\_\_ Annual cost of hire: \$ \_\_\_\_\_
- 4. How many of the following drive personal vehicles for business use regularly? F/T: \_\_\_\_\_ P/T: \_\_\_\_\_ Vol: \_\_\_\_\_  
How many of the following drive personal vehicles for business use occasionally? \_\_\_\_\_ F/T: \_\_\_\_\_ P/T: \_\_\_\_\_ Vol: \_\_\_\_\_  
Does the Applicant obtain proof of insurance for employees / volunteers who use their own autos?  Yes  No  
Does the Applicant update these records at least yearly?  Yes  No  
What minimum limits does Applicant require? \$ \_\_\_\_\_

**Section V – General Liability**

- 1. Is the staff required to report all incidences to management that may result in a claim?  Yes  No
- 2. Are written records of all incidences kept by management?  Yes  No
- 3. Are all incidences reviewed?  Yes  No
- 4. Do you have volunteer workers?  Yes  No
  - a) What is the average number of volunteers daily? \_\_\_\_\_
  - b) Describe their duties: \_\_\_\_\_
- 5. Does the insured have security guards?  Yes  No
  - a) Are they armed?  Yes  No
  - b) Are they provided by an independent contractor?  Yes  No
- 6. If contracted professionals are used, does the insured require them to sign a hold harmless or indemnification agreement?  Yes  No  
If yes, please attach a copy of standard agreement.
  - a) Are certificates of insurance required and kept on file for those contracted professionals?  Yes  No  
If yes, what are the minimum limits of liability required? \_\_\_\_\_
- 7. Are there guided tours of the museum?  Always  Special Groups only

8. Do school groups require chaperones to stay with the children at all times?  Yes  No  
If no, please describe supervision:
9. Do you have a gift shop?  Yes  No  
a) Annual gross receipts: \$  
b) Describe the items that are sold:
- c) Is the shop operated by an independent contractor?  Yes  No  
d) Are hold harmless agreements and certificates of insurance obtained from the contractor and all suppliers or licensees?  Yes  No
10. Do you have a restaurant or cafeteria?  Yes  No  
a) Annual Gross Receipts: \$

### Section VI – Special Events

1. Do you rent the premises to others for events such as wedding and parties?  Yes  No  
a) Type and number of events annually:  
b) Is a member of the museum's staff present at all times?  Yes  No
2. Is liquor served?  Yes  No  
a) Is catering by an outside company provided to serve the liquor?  Yes  No  
b) Are they trained in TIPS?  Yes  No  
c) Are hold harmless agreements and certificates of insurance obtained from all lessees and suppliers?  Yes  No
3. Are any special events for fundraising or education purposes organized, promoted or sponsored by you?  Yes  No  
a) Please list the dates and types of events held:
- b) Are they on your premises?  Yes  No  
c) Are hold harmless agreements and certificates of insurance obtained from other sponsors, promoters or organizers?  Yes  No
4. Do you plan any special exhibitions or events that would generate an unusually large number of visitors?  Yes  No  
If yes, please describe:

## **FRAUD NOTICE STATEMENTS**

**NOTICE TO APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF ALASKA APPLICANTS:** "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

**RESIDENTS OF ARKANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF ARIZONA APPLICANTS:** "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF COLORADO APPLICANTS:** "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

**RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS:** "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

**RESIDENTS OF FLORIDA RESIDENTS APPLICANTS:** "ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

**RESIDENTS OF KANSAS APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF KENTUCKY APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY "MATERIALLY" FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME."

**RESIDENTS OF LOUISIANA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MAINE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF MARYLAND APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

**RESIDENTS OF MINNESOTA APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF NEW JERSEY APPLICANTS:** "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF NEW MEXICO APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

**RESIDENTS OF NEW YORK APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY

FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

**RESIDENTS OF OHIO APPLICANTS:** "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

**RESIDENTS OF OKLAHOMA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY."

**RESIDENTS OF OREGON APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

**RESIDENTS OF PENNSYLVANIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

**RESIDENTS OF TENNESSEE APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF TEXAS APPLICANTS:** IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

**RESIDENTS OF VERMONT APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

**RESIDENTS OF VIRGINIA APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WASHINGTON APPLICANTS:** "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**RESIDENTS OF WEST VIRGINIA APPLICANTS:** "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

\_\_\_\_\_  
Name (Please Print/Type)

\_\_\_\_\_  
Title  
**(MUST BE SIGNED BY THE PRESIDENT CHAIRMAN  
OR EXECUTIVE DIRECTOR)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

**Produced By: (Section to be completed by Producer/Broker)**

Producer: Dan Roddy

Agency: HMBD Insurance Services, Inc.

Producer License Number: 0345445 CA

Agency Taxpayer ID or SS Number:  
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