



Railroad Division

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Date:

Application for Primary Railroad Liability Insurance

General Information

Name of Railroad: <i>(Attach separate sheet if necessary)</i>	Address of Railroad:
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Provide name of railroad's owner if above is a subsidiary of another company: _____

Provide names of any subsidiaries or affiliated railroad(s) to be covered:

1. _____

2. _____

3. _____

List all additional insureds to be named with an explanation of relationship to applicant: *(attach separate sheet if necessary)*:

Additional Insureds	Relationship
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

List terminal locations of railroad. If jointly owned or jointly operated with other railroads, please name other railroads
(List all locations, attach separate sheet if necessary):

1. _____

2. _____

3. _____

Current Program:

A. Carrier(s): _____

B. Limit of Liability: _____ Each Accident: _\$ _____ Aggregate: _\$ _____

C. Each Incident Retention (SIR): _\$ _____

D. Coverages: Claims Made: Occurrence BI PD FELA FRS/BOL

E. Premium & Rate: _____

Requested Program:

A. Limit of Liability: _____ Each Accident: _\$ _____ Aggregate: _\$ _____

B. Each Incident Retention (SIR): _____

C. Policy Effective Date: _____ Expiration Date: _____

D. First Coverage Date *(if applicable)*: _____

Is Claims Made continuous? Yes No - *If no, please explain:* _____

How long has the railroad been run by current management? _____ years

If less than 2 years, please provide the following: _____

A. Name of previous track operator: _____

B. How long was track out of service? _____

C. What is prior railroad experience of officers and key personnel? *(Attach resumers) of key personnel:* _____

General Information

Describe your type of railroad:

- Switching
- Excursion
- Excursion General Commodity Hauling
- Other, explain (attach sheet if necessary) _____
- Terminal

Do you carry any passengers?

- For a fare
 - Non- fare paying
- Total ridership (annually): _____

Miles of Track

Total main line: _____ Main line not in operation: _____
 Secondary or Branch lines: _____ Other: _____

Classification of track by number of miles:

Excepted: _____ Class I: _____ Class II: _____ Class III: _____ Class IV or better: _____

Trains per week: _____ Average number of cars per train: _____
 A verage speed of train: _____ Maximum speed of train: _____

Number of: _____ Cars owned / leased: _____ Engines owned / leased: _____

Grade crossings

Total: _____

	Public	Private
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Number non-protected: _____
 Number with cross-bucks only: _____
 Number with active protection: (Gates/Flashing lights): _____
 Number crossings over/under bodies of water or freeway systems: Over: _____ Under: _____
 Number of switches Locked: _____ Unlocked: _____

- Yes No - If yes, describe _____

Do other railroads operate over your track? Yes No - If yes, name them. _____

Do you operate over anyone else's track? Yes No - If yes, describe. _____

Do you have inforce contractual agreements whereby you "Hold Harmless" others?
 Yes No (If yes. attach copies of these agreements) _____

	Type	Construction
Bridges	_____	_____
Trestles	_____	_____
Tunnels	_____	_____

Adjoining property to track:

% Rural	% Urban/Suburban	% Commercial	% Residential
_____	_____	_____	_____

Do you operate at night? Yes No - If yes, Describe operation. _____

Right of Way

List normal Right-of-Way maintenance for each of the following (not including subsidiaries/grants): *(Attach copy of maintenance of way plan)*

Estimate for coming year \$ _____
Actual current year \$ _____
Actual Previous Year \$ _____

List grant total subsidies, grants and loans for each of the following:

Estimate for coming year \$ _____
Actual current year \$ _____
Actual Previous Year \$ _____

Describe any major rehab work currently being done or planned for the coming year: *(capital improvements)* _____

Daily Weekly Bi-Weekly Monthly Other: _____
Employees % Contractors %
Of the Track: _____
Of the Cars: _____

What is poundage range of all rail: *(List jointed or CWR)*

Yes No *(If yes, Explain changes made to your maintenance of way program to address the heavier cars)*

Any slow orders instituted? Yes No - *If yes, please explain)* _____

Have you been cited or fined by the FRA for any track safety or hazardous materials violations in the past 3 years? *(if yes, provide details)*

	Number	Cause & Effect	Corrective Action
Current Year:	_____	_____	_____
Last Year:	_____	_____	_____
Previous Year:	_____	_____	_____

Bill of Lading

List total gross revenues for each of the following:

Estimate for next year: \$ _____
Current Year: \$ _____
Last Year: \$ _____

List type(s) of industry served: _____

Who is typically responsible for loading/unloading? You Others _____

Do you have any warehousing facilities /transloading: If yes, please describe: _____

Value of lading per train:

Average: _____ Peak: _____

Hazardous Commodities

Chemicals, Hazardous Materials or Explosives carried:

	Number of cars per Train	Number of cars per Year
LPG	_____	_____
LNG	_____	_____
Explosives/Munitions	_____	_____
Anhydrous Ammonia	_____	_____
Gasoline	_____	_____
(Other, specify):	_____	_____

(Attach Hazardous Material listing & Percentages of any Hauled)

Do you have specific procedures pertaining to the handling of hazardous commodities? Yes No

Are supervisors certified? Yes No

Estimate average number of "foreign" cars:

Per Train: _____ Per Month: _____ Annually: _____

Employee Information

List number of employees and annual payroll for each of the following:

	Payroll
Estimate for coming year: _____	\$ _____
Current Year: _____	\$ _____
Previous Year: _____	\$ _____

Are you a member of a benefits program which includes 24 hour occupational coverage:

Yes No - *If yes, describe:* _____

Do you currently have in place a rule certification program: Yes No

How many training classes are held per year: _____

Do you have a policy concerning random drug and alcohol testing? Yes No - (*If yes, explain*) _____

Physicals: Yes No

Audiogram: Yes No

Loss Experience _____

Attach hard copy of loss runs for last five (5) years

Summary of losses past five (5) years:				
Carrier	Policy Period	Number of Claims	*Types	Total Incurred (Paid & Reserved)
<i>* BI, PD, FELA, FRS/BOL.</i>				

Has your railroad ever been involved in an incident where a hazardous material spill occurred? Yes No - (*If yes, provide details*)

Location: _____ Telephone: _____
_____ Fax: _____
_____ E-mail: _____

Signing this application does not bind the applicant nor the insurer to complete this insurance, but it is agreed that the statements contained in this application shall form the basis on which the policy is issued and the applicant warrants all such statements be true to the best of its knowledge and belief.

Dated at _____ this _____ day of _____, 20 _____

Name of applicant: _____

Signature of authorized representative (officer)

Title: _____