

1 A. Name of Insured [Railroad(s)]: _____

B. Address of Insured [Railroad(s)]:

(1) _____
No. Street City State Zip Code

(2) _____
No. Street City State Zip Code

(3) _____
No. Street City State Zip Code

2. A. Name of Contractor: _____

B. Address of Contractor:

No.	Street	City	State	Zip Code
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C. Contractors Coverage: (GL & Umbrella)

Carrier (Primary)	Limits	Policy Date	Carrier (Umbrella)	Limits	Policy Date
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3. Who is work being done for:

Name	Address
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4. Limits Required: [] \$2MM/\$2MM [] \$2MM/ \$6MM [] Other _____

5. A. Description of Job: _____

B. Contract #: _____

C. Is movement of track involved: [] NO [] YES

Explain if YES _____

D. Is Construction to tracks [] Parallel [] Over [] Under [] On [] Other (Explain)

6. Period of Contract: _____

7. Anticipated Start Date: _____

8. What Railroad line is involved: ☐ Mainline ☐ Branch ☐ Spur ☐ Yard

Daily train movement (# of trains)	Freight _____	Passenger _____
During work hours (# of trains)	Freight _____	Passenger _____

9. A. Full Contract Cost \$ _____ B. Cost within 50' of track \$ _____

10. A. Any work being done by Railroad employees ☐ NO ☐ YES (explain YES)

B. Are flagman and watchman to be employed ☐ NO ☐ YES (explain YES)

C. Are slow orders in effect ☐ NO ☐ YES (explain YES)

11. Will the contractor stated in question 2 be doing all the work ☐ NO ☐ YES
If a NO answer, what work will be done by subcontractor

12. Will there be any blasting: ☐ NO ☐ YES (explain YES)

13. Will utility lines need to be moved or disturbed in any way: ☐ NO ☐ YES (explain YES)

14. Attach indemnification contract wording between Railroad and Contractor.

PRODUCER _____

DATE: _____

CONTRACTOR _____

DATE: _____