



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

Railroad Protective Liability Application

Insured (Railroad) Name: _____
Insured (Railroad) Address: _____

Contractor Name: _____
Contractor Address: _____

Contractor's General Liability Limits/Carrier: _____

Contractor's Umbrella/Excess Limits/Carrier: _____

- 1. Will RR be listed as an Additional Insured on the Contractor's GL Policy? Yes No
- 2. Will the Contractor be holding the RR harmless for this job? Yes No
- 3. Will the contractual exclusion for work within 50 feet of a RR be deleted from the contractor's GL and Umbrella/Excess Policies for this job? Yes No

Name and address of Involved Governmental Authority (if applicable): _____

Railroad Protective Limits Desired: _____ OCC _____ AGG

Bid Date: _____ Policy Period: From: _____ To: _____

Description of Job (include job/contract #): _____

Location of Job (include City & State): _____

Is Construction: Parallel to Over Under On the RR tracks

Total Job Cost: _____ Job Cost w/in 50 feet of RR property: _____

Daily train traffic: Freight _____ Passenger _____

Will the RR provide any flagmen or supervisory personnel for this job? Yes No

Will the RR provide any other employees to do work for this job? Yes No
If yes, please explain: _____

Will the RR loan any equipment to the contractor for this job? Yes No
If yes, please explain: _____

Signature

Date