

SUPPLEMENTAL APPLICATION

Applicant Name:		Date Completed:	
Address:			
City/State/Zip:		Website address:	
Contact Name:		Phone Number:	

GENERAL INFORMATION

1. How many years have you been in business? (If less than 4 years, please describe previous management/ownership experience in the railroad industry, and provide a copy of your resume.)	_____
2. Has there ever been an interruption in insurance? If yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there multiple named insured's? If yes, provide details on each entity's operations and their relationship to the first named insured. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does any named insured operate any other business, not included in this operation? If yes, describe and advise if coverage is provided elsewhere: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. List any professional association memberships: _____	

DESCRIPTION OF OPERATION

(provide a brief description of your operation) _____

1. Please indicate the percentage of operations from the work performed below. (Totals for each section should equal 100%)

Type of Railroad(s)	%	Part of Track	%	Work Type	%
Class I (Freight)	%	Main Line	%	Maintenance, Repair and Removal of Track	%
Regional Class II (Freight)	%	Branch Line	%	Debris Removal	%
Short Line Class III (Freight)	%	Spur Track	%	Clearing of ROW	%
Light Rail (Commuter)	%	Side Track	%	New Track Construction	%
Heavy Rail (Commuter)	%	Industrial Track	%	Emergency Response Contractor	%
Scenic/Excursion	%			Recovery/Re-railing of Wrecked Railroad Equipment	%
Switching	%			Freight Forwarding/Transfer of Materials, etc.	%
Terminal	%			All other (specifically described, including a description of all non-railroad work):	%
Subways	%				
Total	%	Total	%	_____	%

continued

DESCRIPTION OF OPERATION continued

2. Do any of your operations include the following? If 'Yes,' to any of the below, please describe and indicate percentage.

	Yes	No	% of Sales	Describe Work Performed
a. Any structural work on railroad bridges/tunnels?	<input type="checkbox"/>	<input type="checkbox"/>	%	
b. Excavation requiring blasting?	<input type="checkbox"/>	<input type="checkbox"/>	%	
c. Railroad signalization/communications, installation, service, or repair?	<input type="checkbox"/>	<input type="checkbox"/>	%	
d. Vegetation elimination or maintenance, with or without the application of pesticides? If yes: Do you clear around signals/crossings? Do you have any ongoing contracts for vegetation removal?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%	
e. Any work on electrified railroads?	<input type="checkbox"/>	<input type="checkbox"/>	%	
f. Any work on wheels/axles/brakes?	<input type="checkbox"/>	<input type="checkbox"/>	%	
g. Any work on locomotive engines, or any other critical components?	<input type="checkbox"/>	<input type="checkbox"/>	%	
h. Cleaning, repairing, retrofitting of tank cars?	<input type="checkbox"/>	<input type="checkbox"/>	%	
i. Do you work with any hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	%	

3. Do you manufacture, install, distribute, or repair aerial devices or cranes (truck mounted or otherwise)? Yes No
If yes, provide annual sales from this exposure for the past five years. \$ _____

4. Estimated Sales for this year	\$ _____	1st Prior Year: \$ _____	2nd Prior Year: \$ _____
Estimated Payroll for this year	\$ _____	1st Prior Year: \$ _____	2nd Prior Year: \$ _____

5. Please provide details of the last 5 jobs in progress and/or completed:

Description of Work	Location of Job	Contract Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

GENERAL LIABILITY

1. Does your operation involve welding? Yes No
If yes, what **percentage of total operation** is welding?
 a. What % of welding is "on premises"? _____%
 b. What % of welding is "off premises"? _____%

Describe safety procedures used when welding:

2. Do you use leased employees? Yes No
 (if yes, please attach certificate verifying coverage is provided for their GL & WC)

continued

RAILROAD INSURANCE PROGRAM | SUPPLEMENTAL APPLICATION

GENERAL LIABILITY continued

<p>3. Are there any dogs on the premises? If yes, explain: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>4. Do you provide any design services for others? (if yes, please complete the following questions) a. Percentage of work/end products designed for others by insured: _____ b. Description of design services/products you design: _____ c. Number of engineers on staff: _____ Or is an outside engineering firm used?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No _____ %</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>5. Safety and training programs a. Do you have a formal written safety program? b. Do you have a dedicated full time safety professional? If yes, who: _____ c. Do you conduct periodic safety meetings? If yes, how often and briefly describe the meetings: _____ d. Do you conduct regular job site inspections? e. Which types of drug testing programs are used? <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Random <input type="checkbox"/> Post-Accident <input type="checkbox"/> No Program</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>6. Hiring practices (check all applicable boxes)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Written application</td> <td><input type="checkbox"/> Pre-employment physicals</td> </tr> <tr> <td><input type="checkbox"/> Reference checks/prior employment verification</td> <td><input type="checkbox"/> Orientation, including safety training</td> </tr> </table>		<input type="checkbox"/> Written application	<input type="checkbox"/> Pre-employment physicals	<input type="checkbox"/> Reference checks/prior employment verification	<input type="checkbox"/> Orientation, including safety training
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<input type="checkbox"/> Reference checks/prior employment verification	<input type="checkbox"/> Orientation, including safety training				
<p>7. Subcontracting Do you subcontract any work to others? (if yes, please complete the following questions) a. What % of gross revenues is subcontracted?: _____ % b. Total of subcontracted work (cost): current year estimated: \$ _____ 1st Prior Year: \$ _____ 2nd Prior Year: \$ _____ Describe the work that's subcontracted to others: _____ c. Do you require an executed written subcontracting agreement containing a defense, indemnification and hold harmless provision in your favor prior to start of work? (If yes, please provide copy.) d. Does the contract require you to be named as an additional insured? If yes, does such contract require coverage be provided on a primary and non-contributory basis? e. Do you require a Waiver of Subrogation on subcontractor's policy? f. Do you obtain certificates from all subcontractors prior to starting a job? g. Do you require subcontractors to amend their GL contractual liability insurance to include work within 50 ft. of a railroad?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>8. Please indicate: Average annual number of employees: _____ # of field supervisors: _____ # of laborers: _____</p>					
<p>9. Do your employees ever come under the complete supervision of a railroad? If yes, please describe: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>10. Does your company have a controlling interest in an operating railroad? If yes, please explain: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				

continued

PROPERTY	
1. Does the building square footage exceed 20,000 square feet? If yes, please attach a diagram of the building. Please be sure to include all fire divisions as well as indicate where paint booths are and where welding operations take place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the building over 25 years old? If yes, please provide details regarding building updates including wiring, plumbing, heating, and roofing: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there a central station fire or burglar alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is spray painting done on your premises? Describe the paint booth including whether it's UL approved: _____ What's the quantity of paints, solvents, chemicals or other flammables kept on premises? Describe how and where paints/flammables are stored (i.e. containers, cabinets, etc.): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Gallons
5. For property in the open, describe your lot and the security (i.e. fences, alarms, guards): _____	
6. Does the building contain overhead cranes? If yes, please describe the type of cranes and the number in use: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTOMOBILE	
1. Is there a formal written fleet safety program in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a formal vehicle maintenance program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the insured receive and review MVRs for all employees that may drive on company business, including employees using their personal vehicles? If yes, do they have set standards they are measured against and enforced? How often are MVRs checked? <input type="checkbox"/> Pre-hire <input type="checkbox"/> Annual Are files maintained for each driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are employees instructed in accident reporting procedures? Is there an accident investigation program in place, to prevent future accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are business vehicles: Supplied or available for employees, and/or any family members personal use? If yes, please describe: _____ Driven to and from personal homes to job sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you provide any transportation of goods or equipment for others? If yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you ever provide transportation to employees of a railroad? If yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you have any telematic devices on any of your vehicles? If yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

continued

AUTOMOBILE continued

Hired Auto Coverage:

<p>1. Do employees rent or lease vehicles for company business? Average number of vehicles hired per year: _____ Average daily cost per rental: _____ Average # of days per rental: _____ What's the total annual cost of hire? _____ Are autos other than PPTs hired? _____ If yes, types of autos rented/hired: _____ If yes, please provide the percentage of other than PPTs: _____%</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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- 2. Please select one of the following options:**
- Insured purchases liability and physical damage coverage offered by rental car companies
 - Insured does not purchase liability and physical damage coverage from rental companies
 - Insured would like The Hartford to provide this coverage on a primary basis

Non-owned Auto Coverage:

<p>1. TOTAL number of employees (driving or non-driving): _____</p>	
<p>2. Do employees use personal vehicles on company business? How many employees regularly use their personal vehicle for company business? _____ How many days per week do these employees use their vehicle for business? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Are employees required to maintain \$300,000 CSL of personal insurance coverage? If no, please enter the minimum limit of personal insurance coverage required \$ _____ Is coverage for business use verified on the employee's personal auto policy? _____ Are certificates of insurance obtained and kept on file? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are periodic safety inspections completed on employee's vehicles?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

INLAND MARINE - CONTRACTORS EQUIPMENT

<p>1. Is there a formal written equipment safety program in use?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is operator training provided?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Is there a formal written equipment maintenance program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is any equipment leased/rented/loaned to others? If yes, with operators?: <input type="checkbox"/> or without operators?: <input type="checkbox"/> How long?: _____ and, what type of equipment?: _____ Are rental/leasing contracts utilized? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

continued

FRAUD AND APPLICANT'S STATEMENT

Countrywide Fraud Statements

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and 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.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

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.

Florida 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.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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.

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.

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.

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.

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.

New York 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 material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

continued

FRAUD AND APPLICANT'S STATEMENT continued

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: 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.

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.) filing a claim containing a false statement as to any material fact may be violating state law.

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.

Tennessee, Virginia and Washington 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.

ARBITRATION STATEMENT

Applicable to Utah applicants:

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Authorized Signature: _____

(Application must be signed and dated by an owner, partner, or officer of the applicant firm.)

Title: _____

Print Name: _____

Date: _____