



A NEW TRAIN OF THOUGHT



EXPANDED COVERAGE



UNITED SHORTLINE INSURANCE SERVICES, INC.

APPLICATION FOR: RAILROAD LIABILITY

- * All questions must be answered completely.
- * Please Submit current financial statements.
- * This application and all supplemental forms must be signed and dated by the principal of the entity.

GENERAL INFORMATION

1) Named Insured: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail: _____
 Website: _____

2) If any subsidiary or affiliated companies are to be covered, list names and describe the operation of each:

Description: _____

3) List all additional insured's to be named with a brief explanation as their business relationship with your company:

A) _____
 Relationship: _____

B) _____
 Relationship: _____

C) _____
 Relationship: _____

D) _____
 Relationship: _____

*If more room is needed, please continue list on last page..."Additional Info"

4) List all locations of the proposed insured's operations (Offices, Terminals, etc.):

A) _____
 Address: _____

B) _____
 Address: _____

RAILROAD INSURANCE SPECIALISTS

8265 North Van Dyke | Port Austin, MI 48467 | 989-738-6400 | INFO@UNITEDSHORTLINE.COM

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APPLICATION CONTACT INFORMATION

5) Name of Contact: _____

Office Phone: _____ Cell Phone: _____

Fax #: _____

E-mail: _____

Website: _____

Applicant Is: Corporation Individual Partnership Other

6) Federal Employer's Tax Identification Number (FEIN): _____

7) Type of Proposed Insured Railroad and its Operation:

General Commodity Hauling Excursion/Scenic Switching Other

Describe: _____

8) Operating Figures:

Total Miles of Track: _____

A) Mainline _____

Out of Operation _____

Branch Line _____

Trackage Rights _____

Yard Track _____

B) Excepted _____

FRA-1 _____

FRA-2 _____

FRA-3 _____

FRA-4 _____

FRA-5 _____

FRA-6 _____

C) General Condition of Track: Poor Fair Good Excellent

D) Trains Operated per Week: _____

E) Average # of Cars per Train: _____

F) Max # of Cars per Train: _____

G) Avg. # of Passengers per Train: _____

H) Max. # of Passengers per Train: _____

I) Average Speed: _____

J) Maximum Speed: _____

K) Carloads per Year: _____

L) Foreign Rolling Stock per Year: _____

M) # of Crew Members / Employees per Train: _____

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9) Do other railroads operate over your tracks? Yes No

If yes, list the Railroads and Attach Copies of Interchange and/or Trackage Rights Agreement:

A) _____

B) _____

C) _____

10) Do you operate over track owned by others? Yes No

If yes, list the Railroads and Attach Copies of Interchange and/or Trackage Rights Agreement:

A) _____

B) _____

C) _____

11) Bridges crossed by your line:

A) Number of Bridges: # _____

B) Types of Bridges: _____

C) General Condition of Bridges: _____

12) Crossings:

Total # of Crossings: Public _____ Private _____

Total # of Non-Protected: Public _____ Private _____

Total # with Crossbucks: Public _____ Private _____

Total # with Gate/Flashers: Public _____ Private _____

13) Maintenance:

Maintenance of Way Expenditure: Current Year \$ _____ Last Year \$ _____

Maint. of Equipment Expenditure: Current Year \$ _____ Last Year \$ _____

14) Who is responsible for maintenance of way and maintenance of equipment?

Maintenance of Way: Employees % _____ Contractor % _____

Maintenance of Equipment: Employees % _____ Contractor % _____

15) Describe any rehabilitation work currently done or planned for the upcoming year: _____

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16) What is the rail weight? _____

17) What is the type of rail and the percentage of each? _____

18) Are there any slow orders and/or FRA waivers in effect? Yes No

* If so, provide a brief explanation: _____

19) In the last three years have you been fined by the FRA or EPA for any track, operating practices equipment or hazardous material violations? Yes No

* If yes, provide details including a copy of the citation, description of medical action taken & current status: _____

*If more room is needed, please continue list on last page..."Additional Info"

ROLLING STOCK & CARGO INFORMATION: (IF APPLICABLE)

20) List commodities hauled and the annual number of carloads for each: _____

21) List hazardous materials, chemicals or explosives and number of carloads for each:

22) Do you have designated rules and rule testing pertaining to the handling of hazardous materials in your handbook? Yes No

*If so, how are these rules enforced? _____

23) Who conducts the railroad's inspection of hazardous material cars received at interchange?

24) Are there any night operations? Yes No

*If yes, provide a brief description: _____

25) Do you maintain any storage and/or trans loading facilities? Yes No

*If yes, provide a brief description: _____

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26) Does Insured have any passenger operations? Yes No
*If so, how many passengers ride annually? # _____

27) Does Insured operate a seasonal railroad? Yes No
*If so, please describe operating season: _____

28) Are special theme rides, amusements or events conducted? Yes No
*If so, please describe operating season: _____

29) Does the Insured have any structures or buildings allowing public occupancy? *Please Briefly Describe
 Yes No _____

30) Does the Insured have any structures or buildings where public IS NOT permitted? *Please Briefly Describe
 Yes No _____

31) Does the Insured sell, serve or give liquor / alcoholic beverages either on their trains or at their facilities?
 Yes No * if so, please fill out & attach liquor liability coverage supplemental form

32) List revenues for the last two years and an estimate for the upcoming year:

	Gross Revenues	Freight Revenues	Passenger Revenues (Ticket Sales)
Estimate of Upcoming Policy Term 20____	\$ _____	\$ _____	\$ _____
Estimate for Expiring Policy Term 20____	\$ _____	\$ _____	\$ _____
Actual for Prior Year 20____	\$ _____	\$ _____	\$ _____

33) Allocate gross revenues for Passenger Operations:
Food: _____
Merchandise: _____
Liquor: _____
Donations: _____
Member Dues: _____

PERSONNEL INFORMATION:

34) How long has the company been run by current senior management? _____

35) Does your company participate in any of the following employee benefit programs?
 None Health Insurance Life Insurance Workers Comp Disability
 Other: Describe _____

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36) List gross payrolls & # of employees for the last 2 years including an estimate for upcoming year:

	Gross Payroll	# of Employees	# of Volunteers
Estimate of Upcoming Policy Term 20__	\$ _____	# _____	# _____
Estimate for Expiring Policy Term 20__	\$ _____	# _____	# _____
Actual for Prior Year 20__	\$ _____	# _____	# _____

37) Are all your engineers licensed and certified? Yes No

38) Do you have a written efficiency testing program in place to ensure rule compliance?

Yes No

39) Do you hold safety and job training classes? Yes No

How many classes per year? _____

Are classes mandatory for all employees? Yes No

40) Please check all pre placement requirements used in the hiring process:

- Physical Fitness
- Drug and Alcohol Test
- Random Drug Testing After Hire
- Certification for Specific Job
- Re-Certification After Hire

41) Do you employ armed guards: Yes No

CLAIMS INFORMATION:

42) Derailments:

For the last three years, provide the number of derailments:

Year	Number of Derailments	FRA Reportable	FRA Non-Reportable
_____	# _____	# _____	# _____
_____	# _____	# _____	# _____
_____	# _____	# _____	# _____
_____	# _____	# _____	# _____

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43) Please list any other incidents or claims you have had in the past five years:

44) Does your company have a written claim handling procedures?

Yes No

45) Who is the contact person for claims handling?

Name _____ Phone _____

46) Expiring Policy Period: _____

Current Carrier : _____

Current Limit of Liability : _____

Current Self-Insured Retention: _____

Retroactive Date: _____

INSURANCE PROGRAM: REQUESTED

47) Limit of Liability : _____

Self-Insured Retention (SIR): _____

Retroactive Date: _____

Notes: _____

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ADDITIONAL INFORMATION:

48) Please advise us of any information regarding the railroad that we should know about...

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CORPORATE SIGNATURE:

The application declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company.

The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of the Application, but prior to the inception date of such policy, there are any material changes to the information contained herein. In the event of such material changes as aforesaid, the Applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the Applicant of the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application shall be relied upon by the Insurance Company should a policy be issued and, in such case, the application shall form a part of the policy.

I hereby certify that all incidents/accidents described in "Part F | Claims Information" have been reported in writing to the appropriate Insurance Company(ies) and recognize that failure to do so may be grounds for the Insurance Company with whom I am applying to deny coverage for any such incidents/accident.

*PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL APPLICABLE SUPPLEMENTAL FORMS ARE COMPLETED.

* MAKE CERTAIN YOU HAVE ATTACHED A COPY OF THE CURRENT LIABILITY CARRIERS POLICY AS WELL AS CURRENTLY VALUED LOSS RUNS.

Signature of Applicant _____ Title _____

Date _____ Effective Date Requested for this Insurance _____

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