



# RAILROAD PASSENGER CAR ALLIANCE

# LIABILITY

# INSURANCE APPLICATION

## Insured Information

Named Insured		AGENT	
Contact Name			
Contact e-mail			
Phone #1	Phone #2	Fax #	
Mailing Address			
City	State	ZIP	
ANY LOSSES IN THE LAST 5 YEARS?		YES	NO

## Railcar Schedule ( more than 8 Railcars require underwriter approval )

	Type	Description ( Year, Manufacturer, Model, Road Name	Reporting Mark
#1			
	Storage Address (Street, City, State, ZIP)		
#2			
	Storage Address (Street, City, State, ZIP)		
#3			
	Storage Address (Street, City, State, ZIP)		
#4			
	Storage Address (Street, City, State, ZIP)		
#5			
	Storage Address (Street, City, State, ZIP)		
#6			
	Storage Address (Street, City, State, ZIP)		
#7			
	Storage Address (Street, City, State, ZIP)		
#8			
	Storage Address (Street, City, State, ZIP)		

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**NO REFUNDS or  
RETURN ON PREMIUM**

**Please Note:** Coverage cannot be bound until the completed application and rating are approved by the Liberty underwriter. **Full payment must accompany the application. You must be a member of RPCA to participate in the insurance program. RPCA membership certificate is required.**



# RAILROAD PASSENGER CAR ALLIANCE

# LIABILITY

# INSURANCE APPLICATION

Policy aggregate limit for all losses: **\$20,000,000** Self-Insured Retention: **\$5,000**

## 2018 Premium Calculation

**Please read instructions carefully for premium rating:**

- 1.) Enter the TOTAL annual moves of ALL railcars to be insured.
- 2.) Enter the number of railcars to be insured.
- 3.) Select the requested Limits of Liability
- 4.) If applicable, enter the # of static locomotives. *\*See below.*
- 5.) If filling out form manually, divide the figure from #1 by line #2 and enter in line #5.
- 6.) Using the answer for #5, refer to the Premium Reference table above for your "First Car Rate," & "Each Add'l Car Rate." Enter these figures in #6 & #7.
- 7.) Multiply Each add'l car (line #2 - 1) by the specified rate and add with the First Car Rate.

*\*STATIC LOCOMOTIVES are eligible for coverage on this form. They are rated individually based on the FIRST CAR RATE. Quantity must be entered in #4 and should not be included in the TOTAL # of RAILCARS entered in #2.*

**Please Enter the Following Information:**

1	TOTAL ANNUAL MOVES FOR <u>ALL</u> RAILCARS	
2	TOTAL # OF RAILCARS TO BE INSURED	
3	SELECT LIMITS OF LIABILITY	
4	# OF OPTIONAL STATIC LOCOMOTIVES <i>*Each locomotive is rated on a stand-alone basis.</i>	
<b>Premium Rating Factors</b>		
5	AVERAGE # OF MOVES PER RAILCAR	
6	<i>*See Premium Reference Chart</i> RATE FOR FIRST CAR	
7	<i>*See Premium Reference Chart</i> RATE FOR EACH Add'l CAR	\$

**SUB-TOTAL PREMIUM**

**If Membership issued after August 21<sup>st</sup> ...**

Membership after August 21st will qualify for a flat 50% reduction in sub-total premium rate only.

Enter sub-total railcars & locomotives found above	
50% Reduction Rate	
3% Surplus Lines Tax	
<b>GRAND-TOTAL @ 50% REDUCED</b>	

**Variable Rating Factors**

Optional Static Locomotive ( QTY \_\_\_\_\_ x \$ \_\_\_\_\_ ) +

Rate for more than 8 Railcars (call underwriter)

*\*3% Surplus Lines Tax*

**TOTAL PREMIUM DUE**

### Liability Limits Premium Reference

**Limits** (occurrence / aggregate in \$millions)

		1/2 m	2m/4m	3m/6m	4/8m	5/10m	6/12m	7/14m	8/16m	9/18m	10/20m
Average	1 - 3	\$477	\$885	\$1,132	\$1,360	\$1,589	\$2,047	\$2,505	\$2,963	\$3,421	\$3,879
Annual	4 - 7	\$831	\$1,576	\$1,841	\$2,187	\$2,533	\$3,225	\$3,847	\$4,469	\$5,091	\$5,713
Moves of	8 - 11	\$1,065	\$2,025	\$2,346	\$2,932	\$3,243	\$3,865	\$4,487	\$5,109	\$5,731	\$6,353
Each	12+	\$1,455	\$2,751	\$3,097	\$3,695	\$4,293	\$5,489	\$6,685	\$7,881	\$9,077	\$10,273
Railcar											
Add'l Railcar(s)		\$411	\$466	\$521	\$576	\$631	\$686	\$741	\$796	\$851	\$906

*Please call underwriter for final review for limits above \$5m/\$10m.*

**\*\*Rate per mile for >20,000 miles. Please call underwriter to finalize additional premium.**

0.08 0.09 0.1 0.11 0.12 0.15 0.16 0.17 0.18 0.19

Please submit application with check payable to: **YOUR CURRENT AGENT**

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

**NO REFUNDS or  
RETURN ON PREMIUM**

**Please Note:** Coverage cannot be bound until the completed application and rating are approved by the Liberty underwriter. Full payment must accompany the application. You must be a member of RPCA to participate in the insurance program. RPCA membership certificate is required.



# RAILROAD PASSENGER CAR ALLIANCE

# LIABILITY

# INSURANCE APPLICATION

## Certificate Holders

#1	Name						Acct #				
	Mailing Address										
	City					State				ZIP	
	e-mail					Please Select: Addl Insured [ ] Waiver of Subrogation [ ]					
#2	Name						Acct #				
	Mailing Address										
	City					State				ZIP	
	e-mail					Please Select: Addl Insured [ ] Waiver of Subrogation [ ]					
#3	Name						Acct #				
	Mailing Address										
	City					State				ZIP	
	e-mail					Please Select: Addl Insured [ ] Waiver of Subrogation [ ]					
#4	Name						Acct #				
	Mailing Address										
	City					State				ZIP	
	e-mail					Please Select: Addl Insured [ ] Waiver of Subrogation [ ]					
#5	Name						Acct #				
	Mailing Address										
	City					State				ZIP	
	e-mail					Please Select: Addl Insured [ ] Waiver of Subrogation [ ]					

**Please Note:** Coverage cannot be bound until the completed application and rating are approved by the Liberty underwriter. **Full payment must accompany the application.** You must be a member of RPCA to participate in the insurance program. RPCA membership certificate is required.