



Railroad Contractors Supplemental Application

Name of Insured: _____

Address: _____

1.) Description of operations: (please give percentages adding up to 100%)

a.) Private spur/ Industrial track work	_____%
b.) Shortline/Regional track work	_____%
c.) Passenger/Commuter track work	_____%
d.) Class I Railroad track work	_____%
e.) Derailment clean-up work	_____%
f.) Vegetation control work	_____%
g.) Signal work	_____%
h.) Other (please describe)	_____%

_____.

2.) Do any of the operations involve bridge work, tunneling, or blasting? Yes _____ No _____

If yes, please describe: _____

_____.

3.) Does the contractor provide design services? Yes _____ No _____

If yes, please describe: _____

_____.



4.) What are the total contract values/payrolls for each of the last five years?

20 _____ Contract \$ _____ Payroll \$ _____

20 _____ Contract \$ _____ Payroll \$ _____

20 _____ Contract \$ _____ Payroll \$ _____

20 _____ Contract \$ _____ Payroll \$ _____

20 _____ Contract \$ _____ Payroll \$ _____

ESTIMATED contract/payroll for the coming year?

20 _____ Contract \$ _____ Payroll \$ _____

5.) Attach a list of current jobs.

6.) Does the contractor use sub-contractors? Yes ___ No ___

If yes, please advise the following:

a.) What type of work is subcontracted? _____

b.) Is insurance required? Yes ___ No ___

c.) Are certificates of insurance required? Yes _____ No ___

d.) Is the contractor named as an additional insured and/or held harmless?

Yes ___ No ___

7.) Is any equipment leased, loaned or rented to others? Yes ___ No ___

If yes, please describe: _____

8.) What is the average number of employees? _____



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9.) Is there a formal safety plan? Yes ___ No ___

If yes, please describe: _____

10.) Loss History:

Signature of Applicant: _____ Date: _____

Title: _____

Name of Broker: _____