



# Excursion Railroad Liability Insurance Application

Name and Address of Railroad:			
Provide Name of Railroad's Owner if above as a Subsidiary of Another Company:			
Provide Names of Any Subsidiaries or Affiliated Railroad(s) To Be Covered:			
List All Additional Insured's to be Named with an Explanation of Relationship to Applicant:			
Additional Insured <i>(Attach Additional Sheet If Necessary)</i>	Relationship		
<b>CURRENT PROGRAM:</b>			
A. Carrier(s):			
B. Limits:	\$	Each Occurrence	\$      Aggregate
C. Self-Insured Retention	\$	Each Occurrence	
D. Premium and Rate:			
<b>REQUESTED PROGRAM:</b>			
A. Limit of Liability:	\$	Each Occurrence	\$      Aggregate
B. Each Incident Retention (SIR):			
C. Policy Effective Date:			
D. First Coverage Date: <i>(If Applicable)</i>			
Claims Made Coverage Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Provide Verification and Dates)</i>			
How Long Has The Railroad Been Run By Current Management?      Years			
<i>If Less Than (2) Two Years, Please Provide the Following:</i>			
A. Name of Previous Track Operator:			
B. How Long Was Track Out of Service?			
C. What is Prior RR Experience of Officers and Key Personnel?			
<b>MILES OF TRACK</b>			
Total Main Line:			
Main Line Not In Operation:			
Other:			
Classification of Track by Number of Miles:			
Excepted	Class I	Class II	Class III      Class IV or Better



# Excursion Railroad Liability Insurance Application

<b>SERVICE</b>	
Trips per Week:	
Average of No. Of Cars per Train:	
Maximum Cars per Train: Average	
Average Speed of Train:	
Maximum Speed of Train:	
Passengers per Year:	
Average Passenger per Train:	
Are Passenger Operations:                      Seasonal                      Annual	
Do You Offer Trips Using Other's Track, Locomotives and/or Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:	
Do You Offer Alcoholic Beverages On Your Trains Or On Your Premises: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain:	
Number Or Engines Owned Or Leased: How Many Are Steam Operated:	
<b>GRADE CROSSINGS:</b> Public                      Private	
Total:	
Number Non-Protected:	
Number with Cross bucks Only:	
Number with Active Protection: (Gates / Flashing / Lights)	
Do Other Railroads Operate Over Your Track? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name Them:	
1. _____	
2. _____	
3. _____	
Do you operate anyone else's track? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:	
1. _____	
2. _____	
Do You Have Freight Operations? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, You Must Complete Freight Railroad Liability Application	
Do You Have Active Contractual Agreements Whereby You "Hold Harmless" Others? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>-If Yes Attach Copies Of These Agreements</i>	
Number of: _____	
Bridges: _____ Trestles: _____ Tunnels: _____	
Do You Operate At Night? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LIST NORMAL RIGHT-OF-WAY MAINTENANCE FOR EACH OF THE FOLLOWING:</b> (Not Including Subsidiaries/Grants)	
Estimate for Coming Year:	\$
Actual Current Year:	\$
Actual Previous Year:	\$
<b>LIST TOTAL SUBSIDIES/GRANTS FOR EACH OF THE FOLLOWING:</b>	
Estimate for Coming Year:	\$
Actual Current Year:	\$
Actual Previous Year:	\$
Describe Any Major Rehab Work Currently Being Done Or Planned For The Coming Year:	
Frequency of Routine Maintenance:	
Daily      Weekly      Bi-Weekly      Monthly      Other (Explain	



# Excursion Railroad Liability Insurance Application

<b>WHO IS RESPONSIBLE FOR MAINTENANCE:</b>		
Employees / Volunteers (%)	Contractors (%)	
Of The Cars:		
Of The Tracks:		
<b>NUMBER OF EACH DERAILMENTS FOR EACH OF THE PAST THREE (3) YEARS</b>		
Current Year:	Last Year:	Previous Year:
<b>LIST TOTAL GROSS AND TICKET REVENUES FOR EACH OF THE FOLLOWING:</b>		
Estimate for Next Year     \$	Ticket Revs:     \$	
Estimate for Current Year     \$	Ticket Revs:     \$	
Actual Previous Year     \$	Ticket Revs:     \$	
Average Ticket Price     \$		
<b>LIST NUMBER OF EMPLOYEES AND ANNUAL PAYROLL FOR EACH OF THE FOLLOWING:</b>		
Number of Employees	Payroll	Number of Volunteers
Estimate For Coming Year:	\$	
Current Year:	\$	
Previous Year:	\$	
How Many Volunteers Are Associated With Your Operation:		
Are you're Locomotive Engineers Licensed and Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Currently Have In Place A Rule Certification Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How Many Training Classes Are Held Per Year?		
Do You Have A Policy Concerning Drug And Alcohol Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes Explain Details:		
<b>SUMMARY OF LOSSES: (PAST 5 YEARS)</b>		
Policy Period	Number Of Claims	Total Incurred (Paid & Reserved)
List and Describe Any Claim Paid or Reserved Over the Last 5 Years In Excess Of \$5,000 (If None, Please Indicate):		
Describe Claims Handling Procedures Used By Railroad:		



# Excursion Railroad Liability Insurance Application

## DECLARATIONS

---

I declare that the statements and particulars in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance affected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

In addition, I certify that I have read and understand the applicable fraud warnings set forth below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Excursion Railroad Liability Insurance Application

## FRAUD WARNING STATEMENTS

**NOTICE TO ALABAMA 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 restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA 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.

**NOTICE TO 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO ALL OTHER APPLICANTS:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**