



# RAILROAD PROTECTIVE LIABILITY APPLICATION

Named Insured Railroad \_\_\_\_\_  
& Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Name & Address of  
Designated Contractor: \_\_\_\_\_  
\_\_\_\_\_

Contractor's GL Limits: \_\_\_\_\_ OCC Carrier: \_\_\_\_\_

Contractor's Umb. Limits: \_\_\_\_\_ OCC Carrier: \_\_\_\_\_

Will the Contractor be holding the Railroad harmless? \_\_\_\_\_ Y \_\_\_\_\_ N

Will the Railroad be listed as an Addtl. Insd. on the Contractor's GL & Umb. Policies? \_\_\_\_\_ Y \_\_\_\_\_ N

Will the Contractor's GL & Umb. policies remove the contractual exclusion for work w/in 50' of a Railroad?  
\_\_\_\_\_ Y \_\_\_\_\_ N

RRP Limits Required: \_\_\_\_\_ OCC \_\_\_\_\_ AGG

Name & Address for Whom Work is Being Performed: \_\_\_\_\_  
\_\_\_\_\_

Description of Job: \_\_\_\_\_  
\_\_\_\_\_

Job Contract #: \_\_\_\_\_

Location of Job: \_\_\_\_\_  
\_\_\_\_\_

Approximate Length of Job (years/months): \_\_\_\_\_

Total Cost of Job: \_\_\_\_\_ Cost of work w/in 50' of Tracks: \_\_\_\_\_

Daily Train Traffic: \_\_\_\_\_ Freight \_\_\_\_\_ Passenger

Will there be any Railroad flagmen/supervisors? \_\_\_\_\_ Y \_\_\_\_\_ N

Will there be any other work being performed by any Railroad employees? \_\_\_\_\_ Y \_\_\_\_\_ N

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Will there be any Railroad equipment assigned to the contractor? \_\_\_\_\_ Y \_\_\_\_\_ N

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

06/10

**11350 McCormick Road, Suite 903, Hunt Valley, MD 21031  
Please send submission to: [terri.knott@libertyiu.com](mailto:terri.knott@libertyiu.com)  
Or Contact Terri directly @ 410-891-0145**