

International Placement Services, Inc.

101 S. Hanley Rd., Ste 700

St. Louis, MO 63105

RAILROAD PROTECTIVE LIABILITY APPLICATION

1.A. Name of Insured [Railroad(s)]: _____

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B. Address of Insured [Railroad(s)]:

(1) _____
No. Street City State Zip Code

(2) _____
No. Street City State Zip Code

(3) _____
No. Street City State Zip Code

2.A. Name of Contractor: _____

B. Address of Contractor:

No. Street City State Zip Code

C. Contractors Coverage: (GL & Umbrella)

Carrier (Primary) Limits Policy Date Carrier (Umbrella) Limits Policy Date

3. Who is work being done for:

Name Address

4. Limits Required: \$2MM/\$2MM \$2MM/ \$6MM Other _____

5. A. Description of Job: _____

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B. Contract #: _____

C. Is movement of track involved: NO YES Explain if YES _____

D. Is Construction to tracks Parallel Over Under On Other Explain) _____

6. Period of Contract: _____

7. Anticipated Start Date: _____

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8. What Railroad line is involved: Mainline Branch Spur Yard

Daily train movement (# of trains)	Freight _____	Passenger _____
During work hours (# of trains)	Freight _____	Passenger _____

9. A. Full Contract Cost \$ _____ B. Cost within 50' of track \$ _____

10. A. Any work being done by Railroad employees NO yes (explain YES) _____

B. Are flagman and watchman to be employed NO YES (explain YES) _____

C. Are slow orders in effect NO YES (explain YES) _____

11. Will the contractor stated in question 2 be doing all the work NO YES

If a NO answer, what work will be done by subcontractor _____

12. Will there be any blasting: NO YES (explain YES) _____

13. Will utility lines need to be moved or disturbed in any way: NO YES (explain YES) _____

14. Attach indemnification contract wording between Railroad and Contractor.

PRODUCER _____

DATE: _____

CONTRACTOR _____

DATE: _____