



COMBINED RAILROAD PASSENGER LIABILITY INSURANCE AND PROPERTY/INLAND MARINE INSURANCE APPLICATION

Note: This application is for claims made insurance coverage for liability insurance.

- Please type or print clearly and sign where requested.
- If you need more space, continue on a separate sheet indicating question number and attach it to the application.
- Please answer all questions completely.

General Information

1. Name and Address of Railroad or Named Insured (Please attach a separate sheet if required):

A. Applicant is:

a) Individual Partnership Corporation Other _____

b) Federal Employer's Tax Identification Number: _____

c) Your web site address: _____ (If none, please indicate)

d) Your e-mail address: _____ (If none, please indicate)

2. List other subsidiary companies or operations exposures:

3. List all Additional Insureds to be included on the policy along with their respective insurable interest:

4. Number of years the Railroad has been operated by existing management.

5. If the line is currently out of operation, please provide the following information:

A. Name of previous operator.

- B. How long has the track been out of operation?
- C. What is the prior experience of Officers? Please attach resume(s) if available.
- D. What is the prior experience of key operating personnel? Please attach a resume(s) if available.

Operational Information

6. Provide a general description of the railroad’s operations. Please include photos, brochures, or other descriptive information concerning the Passenger operation.

7. Total miles of track:

- A. Miles of track not in operation:
- B. Miles of yard track or branch line:

8.

- A. Number of locomotives owned/leased/rented:
- B. Check the type of locomotive(s) owned/leased/rented:

Gas Diesel Steam Electric

- C. Number of passenger cars owned/leased/rented:
- D. Provide a description of the passenger cars:

9.

A. Grade Crossings:

	Public	Private
Total # of Crossings		
Number Unprotected		
Number with Crossbucks Only		
Number with Gates/Flashers		

- B. Do any crossings have large amounts of traffic on them?
- C. Are there any pedestrian crossings? If so, please describe the crossing(s) and advise whether they are protected and, if so, by what?

10. Number of trains operated per week:

- A. Average number of cars per train:
- B. Maximum number of cars per train:
- C. Average number of passengers per train:
- D. Maximum number of passengers per train:
- E. Average and maximum speeds of train:
- F. Number of crew members/employees per train:

11.

- A. Do you operate a seasonal railroad? If so, please describe the operating season.
- B. Are any “test” runs made before the season begins?
- C. Are special theme rides or special events conducted? If so, please describe.
- D. Are operations conducted at night? If yes, please describe.

12.

- A. Does the applicant operate over anyone else’s track? If yes, please describe and attach a copy of the operating agreement/contract.
- B. If the applicant operates over someone else’s track, do they always operate over the same route?
- C. Does the applicant operate or offer charters or other special events? If yes, please describe.

13. Does anyone else operate over the applicant's track? If yes, describe the operation and provide a copy of the operating agreement/contract.

14. Does the applicant operate over bridges or trestles or through tunnels? Yes No
If yes, describe specifying construction, height, length or span, age and who maintains and inspects them. Also, please attach copies of the most recent inspections.

Railroad Track Information

15. What is the weight of the rail?

16. How many inches between ties?

17.

A. Who inspects the track and how often?

B. Describe the inspection, what is inspected and what equipment is used. Attach copies of the most recent inspections.

18. Who maintains your track and how frequently?

19.

A. Please list the normal Maintenance of Way expenditures for the previous three (3) years and include an estimate for the upcoming year:

	YEAR	TOTAL EXPENDITURES
Estimate for Coming Year		
Current Year		
1st Previous Year		
2nd Previous Year		

B. Does the applicant receive any grants or subsidies for track maintenance?
 Yes No If yes, describe and indicate what amounts are included or are in addition to the above expenditures.

20. Describe any track rehabilitation projects planned for the upcoming year.

21. Is the applicant's track inspected by the F.R.A., State DOT or other government agency? Yes No If yes, please describe and attach copies of the most recent inspections.

22. Please list all derailments which have occurred in the previous three (3) years and provide the following additional information:

A. Cause of loss and measures to prevent similar derailment.

B. Total amount of derailment.

C. Description of any passenger or employee injuries.

D. Date of derailment.

Miscellaneous Operating Information

23.

A. Does the applicant have any other rides or amusements? Yes No If yes, please describe and attach any brochures, pictures, layout map, etc.

B. Who performs the inspection and maintenance of other rides and amusements? Please attach copies of the most recent inspections.

24.

A. Does the applicant have any structures or buildings allowing public occupancy? Yes No If yes, please describe.

B. Does the applicant have any structures or buildings where the public is not permitted? Yes No If yes, please describe including details about how the public is kept out.

25.

A. Please provide the gross revenues and payrolls for the last three (3) years along with an estimate for the coming year:

	Gross Revenues	Gross Payrolls	# of employees
Estimate for Coming Year			
Current Year			
1st Previous Year			
2nd Previous Year			

B. If the applicant has other rides, amusements or anything else that generates revenue, please state the railroad revenues and payrolls for the last three (3) years, estimates for the coming year and describe other revenues and payrolls:

	Gross Revenues	Gross Payrolls	# of employees
Estimate for Coming Year			
Current Year			
1st Previous Year			
2nd Previous Year			

26. Does the applicant have volunteers involved in their operations? Yes No If yes, please describe.

27.

A. Does the applicant have written safety rules and procedures? Yes No If yes, please attach a copy. If no, who doesn't the applicant have written safety rules & procedures?

B. Who receives copies of safety rules and procedures?

C. How are safety rules and procedures enforced and who enforces them?

D. Does the applicant have a training program? Yes No If yes, please describe including a description of the program, number of classes per year and attach materials. If not, why is a training program not in place?

E. Does the applicant test for safety rule and procedure knowledge? Yes No
 If yes, please describe. If no, why doesn't the applicant test for safety rule and procedure knowledge and how does the applicant test for knowledge?

28. Does the applicant sell, serve or give liquor or other alcoholic beverages either on their trains or at their facilities? Yes No If yes, and if they want liquor liability coverage, please fill out and attach a supplemental liquor liability questionnaire.

Loss History Information

29. Summary of total losses for the previous three (3) years:

	Policy Period	Number of Claims	Total Losses	Evaluation Date
Current Year				
1st Previous Year				
2nd Previous Year				

**Total losses means all losses, including those which may have been settled within the applicant's deductible or SIR.*

30. List and describe any claim paid or reserved during the last five (5) years for \$1,000 or more. Please state "Not Applicable" if there are none.

31.

A. Who handles the applicant's claims/losses?

B. Describe the applicant's claim handling procedure.

Insurance Program

Liability Insurance Information:

32. Requested Insurance Program:

A. Limit of Liability Insurance desired:

B. Per Occurrence Self Insured Retention desired:

C. Requested policy effective date:

D. First coverage date desired (if first coverage date is prior to policy effective date, please attach a declarations page of the previous claims made policy(ies) back to the requested date).

33. Current Insurance Program:

A. Name of Insurance Company:

B. Limits of Liability Insurance and Per Occurrence Self Insured Retention:

C. Coverages provided:

D. Premium and rate:

Property/Inland Marine Insurance Information

34. Coverages Requested:

- Buildings
- Contents
- Business Interruption/Time Element
- Other Property Coverages _____
- Locomotives
- Rolling Stock
- Maintenance of Way/Contractors Equipment
- Track and Roadbed
- Signals
- Bridges and Tunnels
- Bill of Lading – Limit \$ _____
- Foreign Rolling Stock – Limit \$ _____

35. Please attach the appropriate Acord application or a schedule for all property where coverage is indicated above with corresponding values for all items. Please include all deductible options.

CORPORATE SIGNATURE

NOTICE TO APPLICANT – *PLEASE READ CAREFULLY*

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company.

The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, there are any material changes to the information contained herein. In the event of such material changed as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

I hereby certify that all incidents/accidents described in question 45 have been reported in writing to the appropriate Insurance Company (ies) and recognize that failure to do so may be grounds for the Insurance Company with whom I am applying to deny coverage for any such incident/accident.

Signature of Applicant _____ Title _____

Date _____

AUTHORIZATION TO OBTAIN INFORMATION

To: FRA/AAR and other governmental and regulatory agencies.

We hereby authorize you to release to Essex Insurance Company copies of all reports, actions, filings or documents that may relate to the operation of our railroad – explicitly for the purpose of determining insurance acceptability.

This shall constitute their sufficient open power of attorney for obtaining such information.

In witness whereof, we have caused this authorization to be duly signed by a corporate officer on the date set forth below.

Applicant-Signature of Officer _____ Date _____

Title _____

FRAUD WARNING

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ARKANSAS

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.

COLORADO

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. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

FLORIDA

Any person who knowingly and with the intent to defraud any insurance company or other person files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony or the third degree.

KENTUCKY AND PENNSYLVANIA

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 and subjects the person to criminal and civil penalties.

OHIO

Any person who, with intent to defraud or knowing that he/she 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.

OKLAHOMA

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.

NEW JERSEY

Automobile

New Jersey law requires us to give you the following notice:

Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Other than Automobile

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's Signature

Date

NEW YORK

Automobile

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, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed Five Thousand Dollars and the value of the subject motor vehicle or stated claim for each violation.

Other than Automobile

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.

Applicant's Signature

Date

I have read the entire Fraud Statement as provided and apply my signature as evidence thereof.

Applicant's Signature

Date

When this application is completed, print it and fax it, with all additional documentation, to our offices.