



STEADFAST INSURANCE COMPANY

**APPLICATION FOR CONTINGENT RAILROAD EQUIPMENT LIABILITY
INSURANCE (LESSOR'S RISK)**

THE COMPLETION OF AND SUBMISSION TO THE STEADFAST INSURANCE COMPANY OF THIS APPLICATION DOES NOT CONSTITUTE A BINDER OF INSURANCE NOR ANY INSURANCE WHATSOEVER NOR DOES THE STEADFAST INSURANCE COMPANY UNDERTAKE TO OFFER ANY TERMS OR COVERAGE.

APPLICANTS ARE ADVISED TO READ THE POLICY FORM BEFORE COMPLETING THIS APPLICATION AS THE FORM, SUBJECT TO WHATEVER AMENDMENTS TO THE TERMS, CONDITIONS AND EXCLUSIONS THE STEADFAST INSURANCE COMPANY MAY REQUIRE, ALONG WITH THE STATEMENTS MADE HEREIN, SHALL FORM THE BASIS OF ANY COVERAGE WHICH MAY BE GRANTED BY THE COMPANY.

PART A. GENERAL INFORMATION:

1. Name and address of the proposed Insured:

City _____ State _____ Zip Code _____

2. List all additional named insureds to be named with an explanation as to why.

3. If any loss(es) are payable to any party other than the applicant named in 1. Above or additional insureds in 2. Above, please list them, their address(es), and their interest(s).

PART B. INSURANCE PROGRAM:

4. Have you insured this railroad equipment for contingent liability before? Yes ____ No _____. If yes, please describe your current insurance.

Insurer: _____ Limits: _____

Retention: _____ Policy Period: _____

Coverages: _____ Premium & Rate(s) (indicate rating basis): _____

5. Has any insurer ever declined to insure, cancelled or non-renewed your contingent railroad equipment liability insurance? Yes ____ No _____. If yes, please describe.

PART C. RAILROAD EQUIPMENT INFORMATION:

ONLY RAILROAD EQUIPMENT WHICH IS SUBMITTED TO AND IS ON FILE WITH THE STEADFAST INSURANCE COMPANY IS INSURED. THE APPLICANT SHOULD TAKE GREAT CARE TO MAKE CERTAIN THAT INFORMATION FOR ALL RAILROAD EQUIPMENT FOR WHICH INSURANCE IS DESIRED IS SUBMITTED WITH THIS APPLICATION.

- 6. Attach a complete schedule of all railroad equipment to be insured including type of equipment, A.A.R. mechanical designation, A.A.R. car type code, reporting mark, numbers and values for each piece of equipment.
- 7. Are pictures or descriptive material available on your equipment? Yes _____ No _____. If yes, please enclose pictures or copies of material.
- 8. A. Do you have any non-owned railroad equipment that you have assumed responsibility for insuring? Yes _____ No _____.
B. If yes, is it included in the schedule specified in 7. Above? Yes _____ No _____. If yes, please indicate which pieces, who owns them, their address(es), and the extent of your responsibility (if under a written agreement or contract, attach a copy of the agreement or contract). If no. Attach a complete schedule as per 7. Above.
- 9. Do you plan any future purchases or other acquisition of railroad equipment? Yes _____ No _____. If yes, please describe:

THE STEADFAST INSURANCE COMPANY CONTINGENT RAILROAD EQUIPMENT LIABILITY INSURANCE POLICY DOES NOT GRANT AUTOMATIC COVERAGE FOR NEWLY ACQUIRED RAILROAD EQUIPMENT. ANY EQUIPMENT SO ACQUIRED SHOULD BE SUBMITTED WITH A SEPARATE APPLICATION TO THE COMPANY PRIOR TO THE DATE COVERAGE IS DESIRED.

PART D. LESSEE INFORMATION:

- 10. Attach a complete schedule of all lessees of railroad equipment for which you desire insurance coverage, attach complete copies of all management or lease agreements and contracts, including any hold harmless clauses.

- A. What is the least amount of liability insurance that you will allow a lessee to maintain and still lease railroad equipment to them?

- B. What amount of property insurance do you require of a lessee? If less than stated value, describe.

- 11. List types of commodities hauled in your railroad equipment.

- 12. If any of your railroad equipment used to carry hazardous materials? Yes _____ No _____. If yes, describe including types of hazardous materials, lessee(s), number of cars and where.

13. Who is responsible for maintenance and repair of your railroad equipment? If you do your own, please describe your facilities and the qualifications of your maintenance and repair personnel.

14. How frequently is routine maintenance provided?

PART E. LOSS INFORMATION:

15. Describe in detail any loss you have had that arose out of your railroad equipment which was leased to and in the possession of others and was not fully covered by their insurance. Include date of loss, place of loss, cause of loss, lessee, their insurer, the amount of their insurance, the total amount of loss, the amount the lessee and their insurer paid, and the amount that you and your insurer paid.

PART F. OTHER INFORMATION:

16. Remarks or any further information about your leased railroad equipment, lease(s), its use or care which is material to the insurance which is being applied for.

WE KNOW OF NO OTHER RELEVANT FACTS WHICH MIGHT AFFECT THE COMPANY'S JUDGMENT WHEN CONSIDERING THIS APPLICATION AND HEREBY AGREE THAT ANY ANSWERS GIVEN IN THIS APPLICATION SHALL NOT CONSTITUTE NOTICE OF CIRCUMSTANCE OR NOTICE OF CLAIM AS PROVIDED FOR IN THE INSURING AGREEMENTS OR CONDITIONS

OF ANY POLICY ISSUED BY THE COMPANY TO THE APPLICANT, PRIOR TO THE INCEPTION DATE OF THE POLICY TO WHICH THIS APPLICATION APPLIES.

SHOULD THE COMPANY DECIDE TO ISSUE ANY INSURANCE FOLLOWING THE SUBMISSION OF THIS PROPOSAL, THEN THIS PROPOSAL AND ANY SUPPLEMENTARY INFORMATION PERTAINING HERETO SHALL FORM THE BASIS OF ANY POLICY ISSUED AND DEEMED INCORPORATED THEREIN.

THE NAMED INSURED ON BEHALF OF ALL PROPOSED INSURED(S) WARRANTS IT HAS THE AUTHORITY TO SO ACT AND THAT UPON ITS INQUIRY ALL STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF ITS KNOWLEDGE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

DATE AT _____ THIS _____ DAY OF _____, 2_____

SIGNED ON BEHALF OF THE PROPOSED INSURED(S) BY: _____

NAME (TYPED): _____

OFFICIAL TITLE AND/OR POSITION IN THE PROPOSED NAMED INSURED OF THE PERSON WHO HAS COMPLETED AND SIGNED THIS PROPOSAL: _____

MAIL THE COMPLETED AND SIGNED APPLICATION TO:

ZURICH
1 Liberty Plaza, 30th Floor
New York, NY 10006
Attention: Railroad Department
www.zurichna.com

If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.