



RAILROAD PROTECTIVE LIABILITY APPLICATION

Name and Address
Of Railroad (Insured): _____

Name and Address
Of Contractor: _____

Contractor's General Liability Limits/Carrier: _____
Contractor's Umbrella/Excess Limits/Carrier: _____

Will RR be listed as an Additional Insured on the Contractor's GL Policy? ____ Yes ____ No
Will the Contractor be holding the RR harmless for this job? ____ Yes ____ No
Will the contractual exclusion for work within 50 feet of a RR be deleted from the contractor's GL
and Umbrella/Excess Policies for this job? ____ Yes ____ No

Name and address of Involved Governmental Authority (if applicable): _____

Railroad Protective Limits Desired: _____ OCC _____ AGG

Bid Date: _____ Policy Period: From: _____ To: _____

Description of Job: _____
(include job/
contract #) _____

Location of Job: _____
(include City/State) _____

Is Construction: () Parallel to, () Over, () Under, or () On, the RR tracks

Total Job Cost: _____ Job Cost w/in 50 feet of RR tracks: _____

ZURICH
RAILROAD DEPARTMENT



Daily train traffic: Freight _____ Passenger _____

Will the RR provide any flagmen or supervisory personnel for this job? _____ Yes _____ No

Will the RR provide any other employees to do work for this job? _____ Yes _____ No

If yes, please explain: _____

Will the RR loan any equipment to the contractor for this job? _____ Yes _____ No

If yes, please explain: _____

Signature Date

**If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichproducercompensation.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.**

**3910 Keswick Road, Baltimore, MD 21211
Tel: 410-338-9574 Fax: 410-338-9298**