



## STEADFAST INSURANCE COMPANY

### APPLICATION FOR TOURIST/EXCURSION LIABILITY POLICY

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 (List parent company and all railroads to be covered):  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
2. If any subsidiary or affiliated companies are to be covered, list names and describe the operations of each. (Attach a separate sheet, if necessary): \_\_\_\_\_  
\_\_\_\_\_
3. List all additional insureds to be named with a brief explanation as to their business relationship with your company. (Attach a separate sheet, if necessary): \_\_\_\_\_  
\_\_\_\_\_
4. List all locations of the proposed Insureds operations (i.e. offices, terminals, etc.) (Attach a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
5. A). Is the company newly formed? Yes No  
B). If yes, name of previous track operator/owner. \_\_\_\_\_  
C). Has the track been out of service? Yes No . How long? \_\_\_\_\_  
D). How long has the company been run by the current management? \_\_\_\_\_
6. Insurance program:  
A). **Proposed Program:**                       **CLAIMS MADE COVERAGE**     **OCCURRENCE**  
Limit of Liability: \_\_\_\_\_ Self Insured Retention/  
Deductible: \_\_\_\_\_  
Policy Period: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
B). **Expiring Program**  
Carrier: \_\_\_\_\_ Coverages: \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_ Premium & Rate \_\_\_\_\_  
Self Insured (Indicate rating basis): \_\_\_\_\_  
Retention: \_\_\_\_\_
7. Describe the type of railroad you operate:  Excursion,  Scenic/Tourist,  Private Car Owner,  Dinner Train,  Museum,  
Other (Explain), \_\_\_\_\_.

## PART B: RIGHT OF WAY INFORMATION

8. A). Total miles of track owned/operated: \_\_\_\_\_
- MAIN LINE: \_\_\_\_\_  
 MAIN LINE NOT IN OPERATION: \_\_\_\_\_  
 BRANCH LINE: \_\_\_\_\_  
 TRACKAGE RIGHTS: \_\_\_\_\_  
 YARD TRACK: \_\_\_\_\_
- B). Miles of track by FRA classification:
- EXCEPTED \_\_\_\_\_  
 FRA - 1 \_\_\_\_\_  
 FRA - 2 \_\_\_\_\_  
 FRA - 3 \_\_\_\_\_  
 FRA - 4 \_\_\_\_\_  
 FRA - 5 \_\_\_\_\_  
 FRA - 6 \_\_\_\_\_  
 OTHER \_\_\_\_\_
9. Do you operate over any other railroad's tracks? Yes No . If yes, list the railroads and attach copies of the agreements. \_\_\_\_\_
10. Do other railroads operate over your tracks? Yes No . If yes, list the railroads, and attach copies of Interchange and/or Trackage Rights Agreements. \_\_\_\_\_
11. Grade Crossings
- A). Number unprotected \_\_\_\_\_  
 Number protected by crossbucks \_\_\_\_\_  
 Number protected by gates or lights \_\_\_\_\_  
**Total number of crossings:** \_\_\_\_\_
- B). List major crossings with a high concentration of traffic and protection at each crossing. \_\_\_\_\_
- C). Are there any authorized or nonauthorized pedestrian crossings? If so, how many of each? \_\_\_\_\_
12. Attach for each bridge, trestle, or tunnel: construction, height, length, span, age, when were they last inspected and by whom? Attach copies of latest inspections. Indicate which cross over or under bodies of water, over railroads tracks, or freeways.
13. Maintenance of way expenditures: (List normal maintenance of way expenditures, grants, subsidies, capital expenditures & loans for the last two years, including a projection for the upcoming year.)
- |                              |          | NORMAL | GRANTS/<br>SUBSIDIES/<br>CAPITAL | LOANS |
|------------------------------|----------|--------|----------------------------------|-------|
| Projection for upcoming year | 20 _____ | _____  | _____                            | _____ |
| Estimate for the year ending | 20 _____ | _____  | _____                            | _____ |
| Actual for prior year        | 20 _____ | _____  | _____                            | _____ |
14. Describe any rehabilitation work currently being done or planned for the upcoming year:  
 \_\_\_\_\_  
 \_\_\_\_\_
15. A). What is the rail weight? \_\_\_\_\_  
 B). What is the type of rail and the percentage of each? Jointed \_\_\_\_\_% CWR \_\_\_\_\_%.
16. Attach the latest copies of FRA and/or State track inspections.
17. Are there any slow orders and/or FRA waivers in effect? Yes No . If yes, provide a brief explanation.  
 \_\_\_\_\_  
 \_\_\_\_\_
18. In the last three (3) years, have you been fined by the FRA or EPA for any track, operating practices, equipment or hazardous material violations? If yes, provide details including a copy of the citation, description of remedial action taken and current status. \_\_\_\_\_

19. Derailments

A. For the last three (3) years, provide the number of derailments, including number of FRA reportable derailments versus non-reportable.

	Number Of Derails	FRA Reportable	FRA Non-Reportable
20 _____	_____	_____	_____
20 _____	_____	_____	_____
20 _____	_____	_____	_____

20. Who is responsible for maintenance of way and maintenance of equipment?

	Employees (%)	Outside Contractors (%)
Maintenance Of Equipment	_____	_____
Maintenance Of Way	_____	_____

**PART C: OPERATIONS INFORMATION**

21. Service:

Trips per week	_____	Passengers per year	_____
Average cars per train	_____	Average passengers per train	_____
Maximum cars per train	_____	Maximum passengers per train	_____
Average speed	_____	Maximum speed	_____

22. Are there any night operations? Yes  No  . If yes, provide a brief description. \_\_\_\_\_

23. What is your operating season? Full Annual , Seasonal  Begins on: \_\_\_\_\_ and ends on \_\_\_\_\_

24. Do you have any freight operations? Yes  No  . If yes, please complete freight operations application.

25. A. Does your railroad offer any special event or theme trips? Yes , No  . If yes, provide a brief description. \_\_\_\_\_

B. Does your railroad offer any charters? Yes , No  . If yes, provide a brief description. \_\_\_\_\_

C. Does your railroad offer any trips, off of your own facilities? Yes , No  . If yes, provide a brief description. \_\_\_\_\_

D. Do you have other rides, amusements or picnic areas on your property? Yes , No  . If yes, provide a brief description. \_\_\_\_\_

26. Does your railroad serve, give or sell alcoholic beverages, either at your facilities or on your trains? Yes , No  . If yes, please complete and attach a Liquor Liability Supplement.

27. A. List gross, freight and passenger revenues for the last two years, including a projection for the upcoming year.

	Gross Revenue
Projection for upcoming year 20 _____	_____
Estimate for the year ending 20 _____	_____
Actual for prior year 20 _____	_____

B. Allocate the gross revenues as follows:

Tickets:	_____	Liquor Receipts:	_____
Dinner Train:	_____	Donations:	_____
Freight:	_____	Membership Dues:	_____
Car Leasing:	_____	Other:	_____

Food: \_\_\_\_\_  
Gift Shop: \_\_\_\_\_

Other: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

28. Attach a copy of your latest annual or audited financial reports and/or annual report or S.E.C. form 10K.

### **PART D: EQUIPMENT INFORMATION**

29. A. Total Number of Locomotives: \_\_\_\_\_  
Type of Locomotives:  
 Steam: \_\_\_\_\_  
 Diesel: \_\_\_\_\_  
 Electric: \_\_\_\_\_  
 Gas : \_\_\_\_\_

B. Total Number of Passenger Cars: \_\_\_\_\_  
List types of cars:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PART E: PERSONNEL INFORMATION**

30. What is the prior railroad experience of officers and key operating personnel? (Attach resumes).

31. List gross payrolls and number of employees for the last two years, including a projection for the upcoming year.

		GROSS PAYROLL	NUMBER OF EMPLOYEES	Number Of Volunteers
Projection for upcoming year	20 _____	_____	_____	_____
Estimate for the year ending	20 _____	_____	_____	_____
Actual for prior year	20 _____	_____	_____	_____

32. Does your company participate in any of the following employee benefit programs? Travelers GA23000 Consolidated Transportation Insurance Trust Fund Other (if Other, please describe.)  
\_\_\_\_\_

33. A. Does your company have in place a written rule certification program? Yes  No . What are the requirements for the program? \_\_\_\_\_  
\_\_\_\_\_

B. Are all your engineers licensed and certified? Yes  No . What are requirements for the program? \_\_\_\_\_  
\_\_\_\_\_

C. Does your company have a written efficiency testing program in place to ensure rule compliance? Yes  No . If No, explain. \_\_\_\_\_

D. Is your program on file with the FRA? Yes  No .

34. A. Does your company hold safety and job training classes? Yes  No .

B. How many classes per year? \_\_\_\_\_

C. Are the classes mandatory for all employees Yes  No . If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

35. A. Does your company have a pre-placement physical requirement? Yes  No .
- B. Is there a pre-placement drug and alcohol testing program? Yes  No .
- C. Is there pre-placement audiogram testing program? Yes  No .
- D. Does your company have a random drug and alcohol testing program, after employment has commenced? Yes  No . Provide details and any attachments, regarding your program. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PART F: CLAIMS & ENGINEERING INFORMATION**

36. Loss Summary:

A. Provide loss information for the last three (3) years. (Attach a separate sheet if necessary):

POLICY PERIOD	COVERAGE	Total NUMBER OF cLAIMS	Total INCURRED LOSS (including SIR)	STATUS

Coverage codes are: GL - General Liability, FELA - Federal Employers Liability Act, FRS - Foreign Rolling Stock, BOL - Bill of Lading.

Status codes are: O - Open, C - Closed, S - Suit filed, SS - Suit Settled, A - Attorney Retained.

B. Provide a listing and a brief description of any claim paid or reserved in excess of \$10,000 for the last five (5) years. (Attach a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Does your company have written claims handling procedures? Yes  No . If yes, attach a copy of the procedures.

D. Who is the contact person for claims handling? Please provide name, company, phone number and address.

\_\_\_\_\_

\_\_\_\_\_

37. Provide the contact person for safety and engineering inspection. Please provide name, title, phone number and address.

\_\_\_\_\_

\_\_\_\_\_

**PART G: MISCELLANEOUS INFORMATION**

38. Other remarks (Please advise us of any information regarding the railroad that we should know about. For example: attach brochures, a brief narrative regarding the operations or pictures.

**WE KNOW OF NO OTHER RELEVANT FACTS WHICH MIGHT AFFECT THE COMPANY'S JUDGEMENT 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 BE 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.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signed on behalf of the proposed Insured(s) by: \_\_\_\_\_

Name (Print or typed): \_\_\_\_\_

Title and/or Position: \_\_\_\_\_

Mail the completed and signed application to:

**ZURICH**  
1 Liberty Plaza, 30<sup>th</sup> Floor  
New York, NY 10006  
Attention: Railroad Department  
[www.zurichna.com](http://www.zurichna.com)

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