



ESSEX INSURANCE COMPANY

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APPLICATION FOR PROPERTY AND INLAND MARINE COVERAGES FOR:

- SHORTLINE RAILROAD
- REGIONAL RAILROAD
- TOURIST AND SCENIC RAILROAD

INSTRUCTIONS-ALL INFORMATION IS STRICTLY CONFIDENTIAL

- * All questions must be answered completely. Please type or print clearly.
- * If you need more space, continue on a separate sheet and indicate question number.
- * Complete a separate application for each subsidiary or affiliated railroad company to be insured.
- * Submit current financial statements. If new operation provide pro-forma financials.
- * This application and all supplemental forms must be signed and dated by the principal of the entity.

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- **PLEASE NOTE** – If you have a **current** completed Railroad Liability Application for this risk, you may attach that, and answer only questions – **1, 5, 18, 20 & 36 through 45**, and submit Acord or similar applications for property, equipment and other desired coverages
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GENERAL INFORMATION:

1. Name of Railroad: _____

2. Mailing Address: _____

3. Location of Operations: _____

4. Web Site: _____ E-Mail Address: _____
5. Name and Phone Number of Contact for Inspection: _____
: _____

--Railroad Property and Equipment Insurance Specialists--

7. Number of years experience general manager has had in short line/tourist railroad industry:

8. a.) Name(s) of subsidiary(ies) or affiliate railroad company(ies). (Complete separate application for each company to be covered.)

b) List all additional insureds to be added to policy and a brief explanation as to their interest. (Provide copies of lease and/or contractual agreements if any).

9. If a company (in item 1 or 8) is newly formed, then provide the following:

a) Name of previous operator:_____

b) If track has not been in operation, please advise how long:

c) What is prior railroad operating experience of officers:

d) What is prior railroad experience of operating personnel:

DESCRIPTION OF OPERATIONS:

10. Types of industries served and general description of operations: (Indicate hours of operations and describe any nighttime operations):

11. a) List major commodities and percentage of each handled per year:

Commodities	%	# of Carloads Per Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	100%	

b) Describe hazardous materials, chemicals or explosive:

Specify Type	No. Cars/Train	No. Cars/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Number of cars owned/leased/rented: _____

Number of engines owned/leased/rented: _____

Average number of foreign cars per train: _____ per month: _____

Number of excursion passengers carried per year: _____

Total passenger revenue per year: _____

Average speed of train:_____

Maximum speed of train:_____

Trains per week:_____

For Tourist and Scenic Railroads attach a copy of brochure and/or schedule, or a narrative describing the operation, annual or seasonal, # of regularly scheduled trips and special excursions, average round-trip miles, trips weekly and trips daily.

Average number of cars per train:_____

Average value of lading per train:_____

Maximum value of lading per train:_____

13. Interchange partner and types of service performed:_____

DESCRIPTION OF TRACK AND EMPLOYEES:

14. General Condition of track:_____

Poundage range of rail:_____

Specify FRA track maintenance class:_____

Who is your F.R.A. track inspector:_____

Telephone Number:_____

Total miles of track:_____ Main Line:_____ Branch:_____ Yard:_____

Miles of track operated:_____ Not In Operation:_____

Date of last F.R.A. inspection:_____ (attach copy)

Any slow orders instituted?_____ Why:_____

How many miles of excepted track: (Class I or lower):_____

Do you operate over any one else's track? _____

Number, general condition, and type of bridges crossed by your line: _____

(Attach copy of most recent F.R.A. or independent bridge inspection report)

15.	Number with Active Warnings	Number with X-Bucks	Number Unprotected
Total			
No. of Public Crossings:	_____	_____	_____
No. of Private Crossings:	_____	_____	_____

Are any considered major crossings with a high concentration of traffic on them? (If yes, please describe): _____

16. List normal maintenance of way and equipment for each of last 3 years and an estimate for the coming year.

	Next Year	Current Year	Last Year	Previous Year
Maintenance of Way:	\$ _____	\$ _____	\$ _____	\$ _____
Maintenance of Equipment:	\$ _____	\$ _____	\$ _____	\$ _____

17. Who is responsible for maintenance and service?

	Employee %	Subcontractors %
_____ of the cars/equipment	_____	_____
_____ of the track	_____	_____

18. Number of derailments for each of the last three (3) years (include cause, effect and corrective action).

19 _____

19 _____

19 _____

19. How often are there maintenance inspections by railroad personnel? _____

20. Do you currently haul, or are you planning to haul during the policy period 286,000 lb. cars? _____ If yes, please describe past, current and future actions to accomplish this or attach a Heavy Axle Load Questionnaire.

21. List total subsidies/grants and source for each of the last three (3) years, including an estimate for the coming year.

Source	Grant
19____	\$ _____
19____	\$ _____
19____	\$ _____
19____	\$ _____

22. Describe any rehab currently being done or planned for the coming year:

23. Do you contract with an outside security firm? [] Yes [] No

What protection do they provide? _____

24. How many employees do you have? _____

25. List locomotive engineer information:

Name of Driver	Date of Birth	Drivers License No.	§
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

26. List total operating profitability before taxes for each of the last three (3) years and estimate for the coming year or alternatively profitability ratio for each respective year:

Year	Revenues	Expenses	Fiscal
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Period

Estimate for coming year	_____	_____	_____	_____
Current year	_____	_____	_____	_____
1 st previous year	_____	_____	_____	_____
2 nd previous year	_____	_____	_____	_____

*A copy of the latest financial statement or other evidence of the insured's financial condition must be attached.

27. Have you ever filed for protection under the bankruptcy laws?

28. Have you been cited or fined by the F.R.A. or AAR for any reason during the past three (3) years? If the answer is yes, please provide a complete description of the incident and what remedial action was taken and current status:

EMPLOYMENT PRACTICES:

29. Do you currently have in place a rule certification program? If so what are the requirements for the program? Do you have a re-certification program as well? If so, how often are employees re-certified and by whom?

30. How many training classes are held each year?_____
31. Are training classes mandatory for all employees?_____
32. Do you have a pre-employment physical examination requirement?_____
33. Do you have a drug and alcohol testing program that meets the F.R.A. requirements?_____
34. Do you have a policy concerning drug and alcohol testing after employment begins? If so, please supply the details:

35. Do you have an efficiency testing program in place to ensure rule compliance?

COVERAGES REQUESTED:

36. Inception Date:_____ Expiration Date:_____

37. Coverages

- _____ 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 \$_____

38. 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.

CURRENT PROGRAM:

39. Inception Date_____ Expiration Date_____

40. List coverages currently provided or provide copy of current policy.

41. Current Carrier: _____

42. Current Premium:_____ and rate(s):_____

CLAIM INFORMATION:

43. Has the applicant had any claims for any coverages requested in the past three years?
[] Yes [] No.

If yes, provide full details and/or attach copies of insurance company loss runs.

44. Describe current claims handling procedure:

SIGNATURE:

Signing this application does not bind the applicant nor the Insuror to complete the insurance, but it is agreed that the statements contained in this application shall form the basis on which the policy is issued and the applicant warrants all such statements be true to the best of its knowledge and belief.

NAME OF APPLICANT: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

DATE: _____

Please attach all additional information including Financial Statements, Loss Information, latest F.R.A. Inspection Report, Bridge Inspection Reports, current Loss Control Reports, schedules, supplemental applications, and any additional pertinent information. The better the quality of information we receive the better the program we can develop for the railroad.