



RAILROAD INSURANCE PROGRAM

## Supplemental Application

[www.hdi.global](http://www.hdi.global)

## Railroad Insurance Program

Applicant Name:	Requested Insurance Effective Date:
Address:	
City/State/Zip:	Website address:
Contact Name:	Phone Number:
<b>Additional program information can be found at <a href="http://www.hdi.global">www.hdi.global</a></b>	

### GENERAL INFORMATION

1. How many years has the applicant been in business? If less than 4 years, please describe previous railroad industry experience of management/ownership personnel and provide a CV or resume for key personnel.

2. Has there ever been an interruption in the applicant's insurance?  
If yes, please describe:

Yes  No

3. Will there be multiple entities or individuals insured by the insurance for which this application is being submitted?  
If yes, please provide details on the operations of each individual or entity and their relationship to the applicant.

Yes  No

4. Does any individual or entity for which insurance is being sought own, operate or have an interest in any other business or commercial operation(s), which would not be insured by the insurance for which this application is being submitted?  
If yes, please describe and advise if coverage is provided elsewhere:

Yes  No

5. List any professional association(s) of which any proposed insured is a member, customer or client of:

## DESCRIPTION OF OPERATION

Provide a brief description of the business operations engaged in by the applicant and/or any other individuals or entities for which insurance is being sought by this application (attach additional pages if necessary):

1. Please indicate the percentage that each of the following activities comprises of the operations for which insurance is being sought by this application. (Totals for each section should equal 100%).

Type of Railroad(s)	%	Part of Track	%	Work Type	%
Class I (Freight)	%	Main Line	%	Maintenance, Repair and Removal of Track	%
Regional Class II (Freight)	%	Branch Line	%	Debris Removal	%
Short Line Class III (Freight)	%	Spur Track	%	Clearing of ROW	%
Light Rail (Commuter)	%	Side Track	%	New Track Construction	%
Heavy Rail (Commuter)	%	Industrial Track	%	Emergency Response Contractor	%
Scenic/Excursion	%		%	Recovery/Re-railing of Wrecked Railroad Equipment	%
Switching	%		%	Freight Forwarding/Transfer of Materials, etc.	%
Terminal	%		%	All other (specifically described, including a description of all non-railroad work):	%
Subways	%		%		
<b>Total</b>	<b>%</b>	<b>Total</b>	<b>%</b>		<b>%</b>

## DESCRIPTION OF OPERATION (continued)

Number of miles of track which are owned, leased or which the applicant is obligated to insure:

Number of miles of track underground which are owned, leased or which the applicant is obligated to insure:

Number of miles of track beneath any body of water and storage areas underground, which are owned, leased or which the applicant is obligated to insure:

Number of miles of single track, which are owned, leased or which the applicant is obligated to insure:

Number of miles of double track, which are owned, leased or which the applicant is obligated to insure:

Weight of track (CWT):

Any restrictions on your track (what, where, etc.)?

Max consist:

Average consist:

Location(s) with max values (i.e. marshalling yards and/or storage yards):

Commodity hauled (broken out by percentages):

Rights of Way:

**Perils:**

Flood & Quake: \_\_\_\_\_ Bill of Lading (BOL): \_\_\_\_\_

Track and Roadbed (T&R) for flood & quake: \_\_\_\_\_ Flood Licensing & Registration System (FLRS): \_\_\_\_\_

Current Deductible(s):

If applicable, inspection reports for top 5 bridges and top 5 tunnels (based on value and importance to operations). In addition, the HDI Bridges & Tunnels questionnaire would need to be completed as well.

**Locomotives:**

Age: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Value: \_\_\_\_\_

Age: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Value: \_\_\_\_\_

Age: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Value: \_\_\_\_\_

**Railcars / boxcars:**

Age: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Value: \_\_\_\_\_

Age: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Value: \_\_\_\_\_

Age: \_\_\_\_\_ Type: \_\_\_\_\_

Model: \_\_\_\_\_ Value: \_\_\_\_\_

**Bridges and Tunnels:**

Latitude and Longitude: \_\_\_\_\_ Age: \_\_\_\_\_

Construction: \_\_\_\_\_ Value: \_\_\_\_\_

Inspections: \_\_\_\_\_ Maintenance: \_\_\_\_\_

Latitude and Longitude: \_\_\_\_\_ Age: \_\_\_\_\_

Construction: \_\_\_\_\_ Value: \_\_\_\_\_

Inspections: \_\_\_\_\_ Maintenance: \_\_\_\_\_

Latitude and Longitude: \_\_\_\_\_ Age: \_\_\_\_\_

Construction: \_\_\_\_\_ Value: \_\_\_\_\_

Inspections: \_\_\_\_\_ Maintenance: \_\_\_\_\_

Insured Locations:

Buildings and other Structures:

Business Personal Property:

Service and Maintenance Machinery and Equipment:

Business Income (last twelve (12) months). Please include a BI worksheet:

Are you subject to Positive Train Control (PTC)? If so, where are you in the process of implementation?

Yes

No

Copy of most current casualty/liability application:

Current carrier / expiring premium:

If there is no current carrier, please explain:

**Attach hard copy of loss runs for last five (5) years**

**Summary of losses past five (5) years:**

Carrier	Policy Period	Number of Claims	Premium	*Types	Total Incurred (Paid & Reserved)

\* BI, PD, FELA, FRS/BOL.

**FRAUD AND APPLICANT'S STATEMENT**

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island and West Virginia applicants:** 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.

**Alabama applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**Colorado applicants:** 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. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.

**District of Columbia applicants:** Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Hawaii applicants:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Kentucky applicants:** 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.

**Maine applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**New Mexico applicants:** 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 civil fines and criminal penalties.

**New York applicants:** 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 material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio applicants:** Any person who, with intent to defraud or knowing that he 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 applicants:** 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.

**Oregon applicants:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer:  
1.) by submitting an application or; 2.) filing a claim containing a false statement as to any material fact may be violating state law.

**Pennsylvania applicants:** 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 subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington applicants:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

#### ARBITRATION STATEMENT

**Applicable to Utah applicants:**

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

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#### SIGNING THIS FORM DOES NOT BIND THE APPLICANT FIRM OR THE COMPANY TO COMPLETE THE INSURANCE.

**APPLICANT'S STATEMENT:** I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Application must be signed and dated by an owner, partner, or officer of the applicant firm.)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_