



Railroad Insurance Program Submission Cover Sheet

Please send your submission to:

Matt Hetrick, MHetrick@ArrowheadGrp.com
 Arrowhead – Producer Code 21-229970
 Fax: 619.744.8313

From (Agency): _____ Date: _____

Producer Name: _____

Producer Email: _____

Insured: _____ Target Date for Quote: _____

	Expiring Premiums	Target Premiums
Property	\$	\$
GL	\$	\$
Auto	\$	\$
Inland Marine	\$	\$
Umbrella	\$	\$
Total	\$	\$

Do you currently control the account? Yes No

If yes, # of years: _____

If no, agent: _____

The following information should be included with your submission:

- Loss runs (current year and three prior years)
- Description of operations
- Target premiums (see above)
- Product brochures (if available)
- Completed ACORD application
- Completed supplemental application

Note: New submission requiring loss control survey - minimum of 60 days lead-time.

For more information on the Railroad Program, visit ArrowheadGrp.com/products.

Thank you for your business.