

RAILROAD INSURANCE PROGRAM SUPPLEMENTAL APPLICATION



Applicant Name: _____	Date Completed: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	Fax Number: _____
Web site Address: _____	
Parent Company (if different from applicant): _____	
Any professional association memberships: _____	

Additional program information can be found at www.ArrowheadGrp.com/products.

I. GENERAL INFORMATION

1. Have you been in business less than four (4) years? Yes No
If yes, please describe previous management/ownership experience in railroad related industry and provide copy of your resume.

2. Has there ever been an interruption in insurance? Yes No
If yes, please describe:

3. Are there multiple named insured's? Yes No
If yes, please provide details about each entity's operation as well as the relationship to the first named insured:

4. Does any named insured operate any other business not included in this operation? Yes No
If yes, describe, and advise if coverage is provided elsewhere? Yes No

5. What percentage of your sales, if any, comes from the Internet? _____%

II. DESCRIPTION OF OPERATIONS:
(provide a brief description of your operation)

1. Please indicate the percentage of operations from the work performed below. (Totals should equal 100%)

<u>Type of Railroad(s)</u>	
_____ % Class I (Freight)	_____ % Scenic/Excursion
_____ % Regional Class 11 (Freight)	_____ % Switching
_____ % Short Line Class III (Freight)	_____ % Terminal
_____ % Light Rail (Commuter)	_____ % Subways
_____ % Heavy Rail (Commuter)	
 <u>Part of Track</u>	
_____ % Main Line	_____ % Side Track
_____ % Branch Line	_____ % Industrial Track
_____ % Spur Track	
 <u>Work Type</u>	
_____ % Maintenance, Repair and Removal of track	
_____ % Debris Removal	
_____ % Clearing of ROW	
_____ % New Track Construction	
_____ % Emergency response contractor	
_____ % Recovery/Re-railing of wrecked railroad equipment	
_____ % Freight Forwarding/Transfer of materials, etc.	
_____ % All Other, specifically described, including a description of all non-Railroad work:	

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2. Do any of your operations include the following? If 'Yes', to any of the below, please describe and indicate percentage.

	Yes	No	% of Sales	Describe
a. Any work on railroad bridges/tunnels	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
b. Excavation requiring blasting	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
c. Railroad signalization/ communications, installation, service, or repair	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
d. Vegetation elimination or maintenance, with or without the application of pesticides	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
e. Any work on electrified railroads	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
f. Any work on Wheels/Axels/brakes	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
g. Any work on Locomotive engines	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
h. Any other critical components	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
i. Cleaning, repairing, retrofitting of tank cars	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
3. Any work in the following industries?				
j. Chemical or Nuclear	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
k. Aircraft, Automotive, Aerospace or Defense	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____
l. Environmental/Pollution Control	<input type="checkbox"/>	<input type="checkbox"/>	_____ %	_____

4. Are any of the following operations used in your process? Check those that apply:

<input type="checkbox"/> Foundry	<input type="checkbox"/> Metal Treating
<input type="checkbox"/> Metal Casting	<input type="checkbox"/> Welding (if yes, answer question #7 below)
<input type="checkbox"/> Forging	<input type="checkbox"/> Tool Manufacturing
<input type="checkbox"/> Grinding	<input type="checkbox"/> Plastic Injection Molding
<input type="checkbox"/> Metal Stamping	<input type="checkbox"/> Heat Treating
<input type="checkbox"/> Sheet Metal Stamping	<input type="checkbox"/> Chemical Dipping
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Other: _____

5. Do you manufacture, install, distribute or repair aerial devices or cranes (truck mounted or otherwise)? Yes No
 If yes, provide annual sales from this exposure for the past five years. \$ _____

6. Please provide details of the last 5 jobs completed:

	<i>Description of Work</i>	<i>Location of Job</i>	<i>Contract Cost</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

III. General Liability

7. Does your operation involve welding? Yes No
 If yes, what **percentage of total operation** is welding? _____%
 a. What % of welding in "on premises"? _____%
 b. What % of welding is "off premises"? _____%
 Describe safety procedures used when welding : _____

8. Do you use leased employees? Yes No
 If yes, please attach contract and certificate verifying coverage provided for GL & WC.

9. Are there dogs on the premises? Yes No
 If yes, explain: _____

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10. Do you provide any Design Services for others? *(if yes, please complete the following questions)* Yes No
- a. Percentage of work/end products designed for others by insured: _____ %
 - b. Description of design services/product you design: _____
 - c. Number of Engineers on staff: _____
 - d. Outside Engineering firm used? Yes No
 - e. Who signs off on the final design? _____

11. Safety & Training Programs
- a. Do you have a formal written safety program? Yes No
 - b. Do you have a dedicated full time safety professional? Yes No
 - If yes, who: _____
 - c. Do you conduct periodic safety meetings? Yes No
 - If yes, how often and briefly describe the meetings: _____
 - d. Do you conduct regular worksite inspections? Yes No
 - e. Which types of drug testing programs are used? Pre-Employment Post-Accident
 Random No program

12. Quality Control
- a. Is there a formal written Quality Control Program? Yes No
 - b. Are Quality Control records produced/and maintained for the life of the product? Yes No
 - c. Are finished products clearly labeled for load capacity and warning labels placed on all completed products? Yes No
 - d. Are your products test by: Your employees Independent test lab
Government Agency Your customers prior to acceptance
Other Describe: _____
 - e. Are flawed or rejected products: Sold as seconds? Sold as scrap? Destroyed or Discarded?
 - f. If you act as a distributor, do you manufacturers hold you harmless? Yes No
 - g. Are operating instructions provided for any of your products either by you or the manufacturer? Yes No
 - If yes, please attach a copy of the operating instructions. Attached:
 - h. Please describe your products recall program: _____

13. Sub- Contracting
- Do you Sub Contract any work to others? *(if yes, please complete the following questions)* Yes No
- a. What % of gross revenues is subcontracted _____ %
 - b. Total of subcontracted work (cost): current year estimated \$ _____
1st prior year \$ _____
2nd prior year \$ _____
 - c. Do you require an executed written sub-contracting agreement containing a defense, indemnification and hold harmless provision in your favor prior to start of work? Yes No
 - d. Does the contract require you to be named as an additional insured? Yes No
 - If yes**, does such contract require coverage be provided on a primary and non-contributory basis? Yes No
 - a. Do you require a Waiver of Subrogation on subcontractor's policy? Yes No
 - b. Do you obtain Certs from all subcontractors? Yes No

14. Please indicate: # full time crews: _____ # field supervisors: _____ # of laborers: _____

15. Do your employees ever come under the complete supervision of a railroad? Yes No
- If yes, please describe: _____

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16. Does your company have a controlling interest in an operating railroad? Yes No
 If yes, please explain: _____

IV. PROPERTY

17. Does building square footage exceed 20,000 square feet? Yes No
If yes, please attach a diagram of the building. Please be sure to include all fire divisions as well as indicate where paint booths are and where welding operations take place.
18. Is building over 25 years old? Yes No
If yes, please provide details regarding building updates including wiring, plumbing, heating, and roofing:

19. Is there a central station fire or burglar alarm system? Yes No
20. Is spray painting done on your premises? Yes No
 Describe the paint booth including whether it is UL approved: _____
 Describe how and where excess paints and other flammables are stored (i.e. containers, cabinets, non-attached buildings, etc.): _____
 What is the quantity (in gallons) of paints, solvents, chemicals or other flammables kept on premises? _____ Gall.
21. For property in the open, describe your lot and the security (i.e. fences, alarms, guards): _____
22. Does the building contain overhead cranes? Yes No
If yes, please describe type of cranes and number in use: _____

V. Automobile

23. Is there a formal written fleet safety program in use? Yes No
24. Is there a formal vehicle maintenance program in place? Yes No
25. Are Motor Vehicle Reports obtained? Pre-hire Annual Yes No
26. Are Files maintained for each driver? Yes No
27. Is disciplinary action in place for poor drivers? Yes No
28. Are employees instructed in accident reporting procedures? Yes No
29. Are there criteria in place to determine an acceptable Motor Vehicle Report? Yes No
 If yes, provide details: _____
30. Are business vehicles:
 Supplied or available for employee personal use? Yes No
 Driven to and from personal homes to job sites? Yes No
 Supplied or available for family member use? Yes No
 If yes, please describe: _____
31. Do you provide any transportation of goods or equipment for others? Yes No
 If yes, provide details: _____
32. Do you ever provide transportation to employees of a railroad? Yes No
 If yes, provide details: _____

VI. INLAND MARINE – CONTRACTORS EQUIPMENT

- | | | |
|--|------------------------------|-----------------------------|
| 33. Is there a formal written equipment safety program in use? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. Are operators instructed in accident reporting procedures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. Is operator training provided? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. Is there a formal written equipment maintenance program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

FRAUD AND APPLICANT'S STATEMENT

Countrywide Fraud Statements

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 & 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

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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 maybe 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 & 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. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM.

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: _____
Print Name: _____	Date: _____
Producer's Signature: _____	Title: _____
Print Name: _____	Date: _____
License Identification Number or National Producer Number: (Florida Producers must Provide License Identification Number)	