

Supplemental Application

Applicant Name: _____ Date Completed: _____
 Address: _____ Web address: _____
 City/State/ZIP: _____
 Contact Name: _____ Phone Number: _____

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

GENERAL INFORMATION

- How many years have you been in business? _____ (If less than 4 years, please describe previous management/ownership experience in the railroad industry, and provide a copy of your resume.)
- Has there ever been an interruption in insurance? Yes No
 If yes, describe: _____
- Are there multiple named insured's? Yes No
 If yes, provide details on each entity's operations and their relationship to the first named insured.

- 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:

- List any professional association memberships:

- What is the Headquartered/Domicile State: _____ Any work in the state of NY? Yes No
 If yes, what % of operations are in NYC (5 boroughs) ____% ops in Albany ____% ops in remainder of state ____%

DESCRIPTION OF OPERATION

- Provide a brief description of your operation: _____
- Please indicate the percentage of operations from the work performed below. (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	____%				
Total	____%		____%		____%

continued



DESCRIPTION OF OPERATION (continued)

3. 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 Work Performed
a. Any structural work on railroad bridges/tunnels?	Y	N	_____ %	
b. Excavation requiring blasting?	Y	N	_____ %	
c. Railroad signalization/communications, installation, service, or repair?	Y	N	_____ %	
d. Vegetation elimination or maintenance, with or without the application of pesticides?	Y	N		
If yes: Do you clear around signals/crossings?	Y	N	_____ %	
Do you have any ongoing contracts for vegetation removal?	Y	N		
e. Any work on electrified railroads?	Y	N	_____ %	
f. Any work on wheels/axles/brakes?	Y	N	_____ %	
g. Any work on locomotive engines, or any other critical components?	Y	N	_____ %	
h. Cleaning, repairing, retrofitting of tank cars?	Y	N	_____ %	
i. Do you work with any hazardous materials?	Y	N	_____ %	

4. 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. \$ _____

5. Estimated Sales for this year \$ _____ 1st Prior Year \$ _____ 2nd Prior Year: \$ _____

Estimated Payroll for this year \$ _____ 1st Prior Year \$ _____ 2nd Prior Year: \$ _____

6. Please provide details of the last 5 jobs in progress and/or completed:

Description of Work	Location of Job	Contract Cost
1.		
2.		
3.		
4.		
5.		

GENERAL LIABILITY

1. Does your operation involve welding? Yes No

If yes, what percentage of total operation is welding? _____%

What % of welding is "on premises"? _____%

What % of welding is "off premises"? _____%

Describe safety procedures when welding: _____

2. Do you use leased employees? Yes No

(If yes, please attach certificate verifying coverage is provided for their GL & WC)

continued



GENERAL LIABILITY (continued)

3. **Do you provide any design services for others?** Yes No (If yes, please complete the following questions.)
- a. Percentage of work/end products designed for others by insured ____%
- b. Description of design services/products you design: _____
- c. Number of engineers on staff: _____ Or is an outside engineering firm used? Yes No
4. **Safety and 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 job site inspections? Yes No
- e. Which types of drug testing programs are used? Pre-Employment Random Post-Accident No Program
5. **Hiring practices** (check all applicable boxes) Written Application Reference checks/prior employment verification
Pre-employment physicals Orientation, including safety training
6. **Subcontracting**
- Do you subcontract any work to others? Yes No (If yes, please complete the following questions.)
- a. What % of gross revenues is subcontracted? ____%
- b. Total of subcontracted work (cost): current year estimated \$ _____ 1st Prior Year \$ _____ 2nd Prior Year: \$ _____
- Describe the work that's subcontracted to others: _____
- c. Do you require an executed written subcontracting agreement containing a defense, indemnification and hold harmless provision in your favor prior to start of work? Yes No (If yes, please provide copy.)
- 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
- e. Do you require a Waiver of Subrogation on subcontractor's policy? Yes No
- f. Do you obtain certificates from all subcontractors prior to starting a job? Yes No
- g. Do you require subcontractors to amend their GL contractual liability insurance to include work within 50 ft. of a railroad? Yes No
7. **Please indicate:** Average annual # of employees: _____ # of field supervisors: _____ # of laborers _____
8. **Do your employees ever come under the complete supervision of a railroad?** Yes No
- If yes, please describe: _____
9. **Does your company have a controlling interest in an operating railroad?** Yes No
- If yes, please explain: _____

continued



PROPERTY

1. **Does the 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.)
2. **Is the building over 25 years old?** Yes No If yes, please provide details regarding building updates including wiring, plumbing, heating, and roofing: _____
3. **Is there a central station fire or burglar alarm system?** Yes No
4. **Is spray painting done on your premises?** Yes No Describe the paint booth, including whether it's UL approved:

What's the quantity of paints, solvents, chemicals or other flammables kept on premises? _____ gallons
Describe how and where paints/flammables are stored (i.e. containers, cabinets, etc.):

5. **For property in the open, describe your lot and the security** (i.e. fences, alarms, guards):

6. **Does the building contain overhead cranes?** Yes No If yes, please describe the type of cranes and the number in use:

AUTOMOBILE

1. **Is there a formal written fleet safety program in use?** Yes No
2. **Is there a formal vehicle maintenance program in place?** Yes No
3. **Does the insured receive and review MVR's for all employees that may drive on company business, including company owned, leased, or non-owned vehicles?** Yes No
If yes, do they have set standards that are measured against and enforced? Yes No
How often are MVRs checked? Pre-hire Annual Are files maintained for each driver? Yes No
4. **Which of the following driver training controls are in place?** (check all that apply)
Training on Vehicle Operation (policy & procedures) Initial Defensive Driver Training Refresher Defensive Driver Training
Remedial Training Training on Collision Reporting Procedures Cargo/Equipment Securement Training
Passenger Transportation Training Other (describe) _____
5. **Does the insured receive and review MVR's for all employees that may drive on company business, including company owned, leased, or non-owned vehicles?** Yes No
Is there an accident investigation program in place, to prevent future accidents? Yes No
If yes, please provide details: _____
6. **Are business vehicles supplied or available for employees, and/or any family members personal use?** Yes No
If yes, please describe: _____
Driven to and from personal homes to job sites? Yes No
7. **Do you provide any transportation of goods or equipment for others?** Yes No If yes, please provide details:

8. **Do you ever provide transportation to employees of a railroad?** Yes No If yes, please provide details:

9. **Are any of your vehicles equipped with: Collision Mitigation & Avoidance technology?** Yes No
Telematic devices? Yes No
If yes, please provide details: _____

continued



AUTOMOBILE (Hired Auto Coverage)

1. Do employees rent or lease vehicles for company business? Yes No

Average number of vehicles hired per year: _____

Average daily cost per rental: _____

Average number of days per rental: _____

What's the total annual cost of hire? _____

Are autos other than PPTs hired? Yes No

If yes, types of autos rented/hired: _____

If yes, please provide the percentage of other than PPTs: _____%

2. Please select one of the following options:

Insured purchases liability and physical damage coverage offered by rental car companies

Insured does not purchase liability and physical damage coverage from rental companies

Insured would like The Hartford to provide this coverage on a primary basis

AUTOMOBILE (Non-owned Auto Coverage)

1. TOTAL number of employees (driving or non-driving): _____

2. Do employees use personal vehicles on company business? Yes No

How many employees regularly use their personal vehicle for company business? _____

How many days per week do these employees use their vehicle for business? _____

3. Are employees required to maintain \$500,000 CSL of personal insurance coverage? Yes No

If no, please enter the minimum limit of personal insurance coverage required \$ _____

Is coverage for business use verified on the employee's personal auto policy? Yes No

Are certificates of insurance obtained and kept on file? Yes No

4. Are periodic safety inspections completed on employee's vehicles? Yes No

INLAND MARINE—CONTRACTORS EQUIPMENT

1. Is there a formal written equipment safety program in use? Yes No

2. Is operator training provided? Yes No

3. Is there a formal written equipment maintenance program? Yes No

4. Is any equipment leased/rented/loaned to others? Yes No

If yes, with operators? or without operators?

How long? _____ and, what type of equipment? _____

Are rental/leasing contracts utilized? Yes No

continued



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 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.

continued



Fraud and Applicant's Statement (cont.)

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.

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:** _____