



Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

GENERAL INFORMATION

Proposed RRP Named Insured: Today's Date:
Mailing Address:
Telephone Number: Web Address:
Name of Contractor:
Mailing Address:
Telephone Number: Web Address:
Is this insurance being procured by an architect and engineering firm?
Name of Governmental Authority or Contracting Party:
Mailing Address:
Telephone Number: Web Address:
Type of Owner: Government Agency Private Company RR- Work by GC RR - Work by RR Employees
Proposed Effective Date Proposed Expiration Date

PROJECT INFORMATION

1. Project number:
2. Description of worksite:
3. Total cost of construction: \$
4. Total cost of work within 50 feet of the railroads right-of-way: \$
5. Project state:
6. Policy term (months):
7. Number of railroad employees working on the job:
8. Number of trains per day: Freight: Passenger:
9. Type of work (select one)
Bridge Under Tracks - other than single bore
Ground level Under Tracks - single bore
Other work parallel/adjacent to tracks Utility line parallel/adjacent to tracks

- 10. Is work a maintenance contract involving tracks, signals or other operational aspects? Yes No
- 11. Does work require cross of tracks at grade level by equipment of contractor or by contractor employees? Yes No
- 12. Is there an unusually high-valued railroad property in proximity to work? Yes No
- 14. Are slow down orders in effect? Yes No
- 15. Are main line tracks involved in the project? Yes No
- 16. Does work require the movement of track by the railroad? Yes No
- 17. Is blasting near track expected? Yes No
- 18. Other Yes No
Please explain any "yes" answers.

- 19. Terms of contract:
 - a. Bid date _____
 - b. Proposed starting date _____
 - c. Completion date _____

LIMITS/COVERAGE

20. Limits of coverage desired: Each occurrence limit \$ _____ Aggregate limit \$ _____

21. Number of policies required if more than one insured: _____

22. Contractors General Liability Insurance Limits:

	<i>Limits</i>	<i>Name of Insurance Carrier</i>
Primary		
Umbrella		

23. Has the contractors general liability contractual liability exclusion for work within 50 feet of the railroad track been deleted? Yes No

24. Do the construction agreements, including any easement agreements, require indemnification by the contractor in favor of the project owner and railroad? Yes No

25. **Optional Endorsements:**
- Notice of Change Endorsement
 - Limited Seepage, Pollution and Contamination Endorsement
 - Evacuation Expense Coverage Endorsement
 - Other - Provide copy of insurance requirements

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VERMONT AND WEST VIRGINIA: 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.

COLORADO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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: 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: 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: 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.

KANSAS, OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim (a written application or claim in Kansas) containing a false statement as to any material fact, may be violating state law.

KENTUCKY, MASSACHUSETTS, PENNSYLVANIA: 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.

MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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, and denial of insurance benefits.

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

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: 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: 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.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

SIGNATURES

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date:
Producer Signature*: X	State Producer License No (required in FL):	Date:
Agency: Truss, LLC	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

Contact:

Truss, LLC

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