

# TOURIST/EXCURSION LIABILITY INSURANCE APPLICATION

Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.

Please read carefully the statement at the end of this application.

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## **PART A. GENERAL INFORMATION**

1. Give the full name of applicant and subsidiary companies/railroads: \_\_\_\_\_

\_\_\_\_\_

Please complete separate application for each railroad to be covered.

2. Principal Address: \_\_\_\_\_

Website: www. \_\_\_\_\_

3. List all additional insureds to be added to policy and a brief explanation as to their interest. (Provide copies of lease and/or contractual agreements you indemnify additional insured). Attach separate sheet if more than 5.

<u>Additional Insured</u>	<u>Relationship to Applicant</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. a) Is the company newly formed?     Yes     No    Number of years under same ownership \_\_\_\_\_

b) If yes, name of previous track operator/owner: \_\_\_\_\_

c) If track has not been in operation, please advise how long:

less than 1 year             less than 2 years             more than 2 years

d) What is prior railroad experience of operating and management personnel? \_\_\_\_\_

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## **PART B. DESCRIPTION OF OPERATIONS**

5. Type of railroad operated:

Tourist             Excursion             Museum

Please give short narrative of operations or provide copy of brochure (if you do not have a website):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART C. RIGHT OF WAY INFORMATION**

6. a) Total miles of track owned/operated: \_\_\_\_\_

b) Miles of track by FRA classification:

EXCEPTED	_____	FRA . 3	_____
FRA . 1	_____	FRA . 4	_____
FRA . 2	_____	OTHER	_____

7. Do you operate on track of others? [ ] Yes [ ] No If yes, list the railroads and attach copies of the agreements. \_\_\_\_\_  
\_\_\_\_\_

8. Do other railroads operate on your track? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. Grade Crossings

Number unprotected	_____
Number protected by cross bucks	_____
Number protected by gates or lights	_____
Total number of crossings:	_____

10. Maintenance of way expenditures: (List normal maintenance of way expenditures, grants, subsidies, capital expenditures & loans for the last two years, including a protection for the upcoming year.)

	NORMAL	GRANTS/ SUBSIDIES/ CAPITAL	LOANS
Projection for upcoming policy term	_____	_____	_____
Estimate for expiring policy term	_____	_____	_____
Previous policy term	_____	_____	_____

11. Describe any rehabilitation work currently being done or planned for the upcoming year: \_\_\_\_\_  
\_\_\_\_\_

12. Derailments

For the last three (3) years, provide the number of derailments, including number of FRA reportable derailments versus non-reportable.

	Total Number of Derails	FRA Reportable	FRA Non- Reportable
Current policy term	_____	_____	_____
Previous policy term	_____	_____	_____
Policy previous to above	_____	_____	_____

**PART D. OPERATIONS INFORMATION**

13. Service:

Trips per week	_____	Passengers per year	_____
Average cars per train	_____	Average passengers per train	_____
Maximum cars per train	_____	Maximum passengers per train	_____
Average speed	_____	Maximum speed	_____

14. Are there any night operations?  Yes  No If yes, provide a brief description:

\_\_\_\_\_

15. What is your operating season? \_\_\_\_ Full Annual \_\_\_\_ Seasonal Begins on: \_\_\_\_\_ and ends on \_\_\_\_\_

16. Do you have any freight operations?  Yes  No If yes, please complete freight operations application.

17. a) Does your railroad offer any charters?  Yes  No If yes, provide a brief description.

\_\_\_\_\_

b) Does your railroad offer any trips, off of your own facilities?  Yes  No If yes, provide a brief description. \_\_\_\_\_

\_\_\_\_\_

c) Do you have other rides, amusements or picnic areas on your property?  Yes  No If yes, provide a brief description. \_\_\_\_\_

\_\_\_\_\_

18. Does your railroad serve, give or sell alcoholic beverages, either at your facilities or on your trains?  Yes  No If yes, please complete and attach a Liquor Liability Supplement.

19. a) List gross passenger revenues for the last two years, including a projection for the upcoming year.

	Gross Revenue
Projection for upcoming policy term	\$ _____
Estimate for the policy term ending	\$ _____
Actual for policy term	\$ _____

b) Allocate the gross revenues as follows for upcoming policy term:

Tickets: _____	Liquor Receipts: _____
(non dinner train)	

Tickets: _____	Donations: _____
(dinner train)	

Food: _____	Membership Dues: _____
(non dinner train)	

Gift Shop: _____	Other: _____
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explain: \_\_\_\_\_

**PART E. EQUIPMENT INFORMATION**

20. a) Total Number of Locomotives: \_\_\_\_\_  
Type of Locomotives:  
Steam: \_\_\_\_\_ Diesel: \_\_\_\_\_ Electric: \_\_\_\_\_

**PART F. PERSONNEL INFORMATION**

21. List gross payrolls and number of employees for the last two years, including a projection for the upcoming year.

	GROSS PAYROLL	NUMBER OF EMPLOYEES	Number of Volunteers
Projection for upcoming policy term	_____	_____	_____
Estimate for the expiring policy term	_____	_____	_____
Actual for prior policy term	_____	_____	_____

22. a) Are all your engineers licensed and certified?  Yes  No What are requirements for the program?  
\_\_\_\_\_  
\_\_\_\_\_

23. a) Does your company hold safety and job training classes?  Yes  No

b) How many classes per year? \_\_\_\_\_

c) Are the classes mandatory for all employees/volunteers?  Yes  No If no, please explain.  
\_\_\_\_\_

**PART G. CLAIMS & ENGINEERING INFORMATION**

24. Loss Summary:

a) Provide loss information for the last three (3) years or attach hard copy loss runs.

POLICY PERIOD	COVERAGE	Total NUMBER OF CLAIMS	Total INCURRED LOSS (including SIR)	STATUS

b) Provide a listing and a brief description of any claim paid or reserved in excess of \$10,000 for the last five (5) years. (Attach a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Who is the contact person for claims handling? Please provide name, company, phone number and address:  
\_\_\_\_\_  
\_\_\_\_\_

**PART H. LIABILITY INSURANCE INFORMATION**

25. Insurance Program:

a) Proposed Program:  CLAIMS MADE COVERAGE  OCCURRENCE

Limit of Liability: \_\_\_\_\_  
Policy Period: \_\_\_\_\_

Self Insured Retention: \_\_\_\_\_

**b) Expiring Program**

Carrier: \_\_\_\_\_  
Limit of Liability: \_\_\_\_\_  
Retroactive date: \_\_\_\_\_

Self Insured Retention: \_\_\_\_\_  
Premium: \_\_\_\_\_

(Note- completion of this application creates no obligation upon the applicant to accept insurance or upon Liberty International Underwriters to offer insurance.)

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy, is subject to immediate cancellation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

United Shortline Insurance Services, Inc  
8265 N. Van Dyke Rd, Port Austin, MI 48467

Please Send to: Julie Pettit at [juliepettit@shortlineins.com](mailto:juliepettit@shortlineins.com)

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