



SHORTLINE RAILROAD APPLICATION

Name of Insured: _____

Address of Insured: _____

Effective Date: _____

Inspection contact & phone number: _____

Website Address: _____ e-mail: _____

ROLLING STOCK INFORMATION:

Please provide a complete schedule of owner rolling stock and locomotives.

LIMITS

Locomotives: _____ Deductible: _____

Rolling Stock: _____ Deductible: _____

Contractors Equipment: _____ Deductible: _____

Track and Roadbed: _____ Deductible: _____

Business income/extra expense: _____ Deductible: _____

Percentage of Rolling Stock leased to others: _____ Deductible: _____

***Please Provide Standard Agreement**

Is There A Formal Maintenance Program In Place? _____ **If So, Please Provide Copy or provide Details.**

Details: _____

What Type Of Commodities Are Being Hauled?: _____ Deductible: _____

How Many Miles Of Track: _____ Deductible: _____

Who Maintains The Track And How Often: _____ Deductible: _____

LOSS PAYEES:

Name: _____
Attn/Ref #: _____
Address: _____
City: _____ St: _____ ZIP _____
Property Covered: _____

Name: _____
Attn/Ref #: _____
Address: _____
City: _____ St: _____ ZIP _____
Property Covered: _____



PROPERTY INFORMATION:

PREMISES INFORMATION : Location #: _____ Building #: _____

Address: _____

Use: _____

Construction: Year Built: _____ Total Area: _____ Distance to Fire Hydrant: _____

Updates: Wiring: _____ Plumbing: _____ Roof: _____ Heat: _____ Sprinklered: _____

Alarm: Fire: _____ Burgler: _____

Building Limit: _____ Deductible: _____

Business Personal Property Limit: _____ Deductible: _____

Business Income/Extra Expense: _____ Deductible: _____

****Additional Premises** _____ **YES** _____ **NO** (please attach additional premises info sheet with application)

Bridges

Are We Insuring Any Bridges?: _____ How many? _____

If so, Please Provide The Following on an attached sheet with the application:

- 1. Age of each Bridge
- 2. Latest Inspection Report
- 3. Any Updates or Repairs That Have Been Made In The Last 3 Years:
- 4. Value of each bridge
- 5. Length of each bridge

Who Is Maintaining These Bridges And Please Provide A Copy Or Details Of The Maintenance Plan:

Please return application **Julie Pettit** at juliepettit@shortlineins.com or call her office at **(989) 738-6400**.

United Shortline Insurance Services, Inc
8265 N. Van Dyke Rd,
Port Austin, MI 48467
(989) 738-6400 office | (989) 738-6557 fax



Additional Premises Information:

PREMISES INFORMATION: Location #: _____ Building #: _____

Address: _____

Use: _____

Construction: Year Built: _____ Total Area: _____ Distance to Fire Hydrant: _____

Updates: Wiring: _____ Plumbing: _____ Roof: _____ Heat: _____ Sprinklered: _____

Alarm: Fire: _____ Burgler: _____

Building Limit: _____ Deductible: _____

Business Personal Property Limit: _____ Deductible: _____

Business Income/Extra Expense: _____ Deductible: _____

PREMISES INFORMATION: Location #: _____ Building #: _____

Address: _____

Use: _____

Construction: Year Built: _____ Total Area: _____ Distance to Fire Hydrant: _____

Updates: Wiring: _____ Plumbing: _____ Roof: _____ Heat: _____ Sprinklered: _____

Alarm: Fire: _____ Burgler: _____

Building Limit: _____ Deductible: _____

Business Personal Property Limit: _____ Deductible: _____

Business Income/Extra Expense: _____ Deductible: _____

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Updates: Wiring: _____ Plumbing: _____ Roof: _____ Heat: _____ Sprinklered: _____

Alarm: Fire: _____ Burgler: _____

Building Limit: _____ Deductible: _____

Business Personal Property Limit: _____ Deductible: _____

Business Income/Extra Expense: _____ Deductible: _____