

Lexington Insurance Company

100 Summer Street
Boston, MA 02110

APPLICATION FOR COMPREHENSIVE RAILROAD LIABILITY INSURANCE

I. GENERAL INFORMATION

1. NAME AND ADDRESS OF RAILROAD:

2. IF RAILROAD IS A SUBSIDIARY OF ANOTHER RAILROAD(S), LIST OWNERS:

3. IF ANY SUBSIDIARY OR AFFILIATE RAILROAD COMPANIES ARE TO BE COVERED, LIST NAMES:

4. LIST ALL ADDITIONAL INSUREDS TO BE NAMED WITH AN EXPLANATION AS TO WHY:

5. LIST TERMINAL LOCATIONS OF RAILROAD. IF ANY ARE JOINTLY OWNED OR JOINTLY OPERATED WITH OTHER RAILROADS, INDICATE LIABILITY ARRANGEMENTS AS PROVIDED IN AGREEMENT BETWEEN ROADS.

6. HOW LONG HAS THE RAILROAD BEEN RUN BY CURRENT MANAGEMENT?

7. IF THIS COMPANY IS NEWLY FORMED:
 - A. NAME OF PREVIOUS TRACK OPERATOR:
 - B. HOW LONG HAS TRACK BEEN OUT OF SERVICE?
 - C. WHAT IS PRIOR RR EXPERIENCE OF OFFICERS? (attach resumes)
 - D. WHAT IS PRIOR RR EXPERIENCE OF KEY OPERATING PERSONNEL? (attach resumes)

8. REQUESTED PROGRAM
 - A. LIMIT OF LIABILITY DESIRED:
 - B. EACH INCIDENT RETENTION (SIR) DESIRED:
 - C. POLICY EFFECTIVE DATE DESIRED:
 - D. FIRST COVERAGE DATE DESIRED:

9. CURRENT PROGRAM

- A. CARRIER(S):
- B. LIMITS AND SELF-INSURED RETENTION:
- C. COVERAGES:
- D. PREMIUM & RATE:
(INDICATE RATING BASIS)

II. OPERATIONAL CHARACTERISTICS

OPERATIONS

- 10. GENERALLY DESCRIBE THE TYPE OF RAILROAD YOU OPERATE (i.e. switching, general commodity hauling, terminal, excursion, etc.):

- 11. MILES OF TRACK
 - TOTAL MAIN LINE:
 - MAIN LINE NOT IN OPERATION:
 - BRANCH LINE:
 - YARD TRACK:

- 12. SERVICE
 - TRAINS PER WEEK:
 - AVERAGE CARS PER TRAIN:
 - AVERAGE SPEED OF TRAIN:
 - MAXIMUM SPEED OF TRAIN:

- 13. NUMBER OF
 - CARS OWNED/LEASED:
 - ENGINES OWNED/LEASED:

- 14. GRADE CROSSINGS

	<u>PUBLIC</u>	<u>PRIVATE</u>
TOTAL:		
NUMBER NON-PROTECTED:		
NUMBER WITH CROSSBUCKS ONLY:		
NUMBER WITH GATES:		

- 15. ARE ANY CONSIDERED MAJOR CROSSINGS WITH A HIGH CONCENTRATION OF TRAFFIC ON THEM?

- 16. ANY PEDESTRIAN CROSSINGS? IF SO: NUMBER OF PROTECTED AND NON-PROTECTED.

- 17. NUMBER OF SWITCHES
 - LOCKED:
 - UNLOCKED:

18. DO YOU OPERATE A SWITCHING YARD? IF YES, DESCRIBE.
19. DESCRIBE ANY OTHER RAILROADS OPERATING OVER OWNED TRACK AND THE CONTRACTUAL AGREEMENTS INVOLVED:
20. DO YOU OPERATE OVER ANYONE ELSE'S TRACK? IF YES, DESCRIBE.
21. ATTACH FOR EACH BRIDGE, TRESTLE, OR TUNNEL: CONSTRUCTION, HEIGHT, SPAN, AGE, WHEN INSPECTED/BY WHOM? ATTACH COPIES OF INSPECTIONS. INDICATE WHICH CROSS OVER BODIES OF WATER OR FREEWAY SYSTEMS.
22. GENERALLY DESCRIBE ADJOINING PROPERTY:
23. DESCRIBE ANY NIGHTTIME OPERATIONS:
24. DESCRIBE ALL CONTRACTED AGREEMENTS CONTAINING "HOLD HARMLESS" CLAUSES (attach copies of agreements).

III. RIGHT OF WAY

25. LIST NORMAL RIGHT-OF-WAY MAINTENANCE FOR EACH OF THE LAST THREE (3) YEARS INCLUDING AN ESTIMATE FOR THE COMING YEAR (not including subsidiaries/grants):

	<u>TOTAL EXPENDITURES</u>	<u>% OF TRACK INVOLVED</u>
19__	\$	
19__	\$	
19__	\$	
ESTIMATE\$		

26. LIST TOTAL SUBSIDIES/GRANTS AND SOURCE FOR EACH OF THE LAST THREE (3) YEARS, INCLUDING AN ESTIMATE FOR THE COMING YEAR:

	<u>GRANT</u>	<u>SOURCE</u>
19__	\$	
19__	\$	
19__	\$	
ESTIMATE\$		

27. DESCRIBE ANY REHAB WORK CURRENTLY BEING DONE OR PLANNED FOR THE COMING YEAR:
28. GENERAL CONDITION OF THE TRACK:

29. WHAT IS THE POUNDAGE RANGE OF YOUR RAIL?
30. HOW MANY INCHES BETWEEN TIES?
31. SPECIFIC FRA TRACK MAINTENANCE CLASSIFICATION:
32. WHEN WAS THE LAST FRA TRACK INSPECTION? (Please attach copy)
33. WHEN WAS THE LAST STATE TRACK INSPECTION? (Please attach copy)
34. ANY SLOW ORDERS INSTITUTED? WHY?
35. HAVE YOU BEEN CITED OR FINED BY THE FRA FOR ANY TRACK SAFETY VIOLATIONS OR HAZARDOUS VIOLATIONS? (In the last 3 years) IF YES, PROVIDE DETAILS INCLUDING A COPY OF THE CITATION, DESCRIPTION OF REMEDIAL ACTION TAKEN AND CURRENT STATUS.
36. IF CLASS I FRA TRACK RATING, ATTACH PROGRAM FOR REHABILITATION AND SOURCE OF FUNDS.
37. NUMBER OF DERAILMENTS FOR EACH OF THE PAST THREE (3) YEARS (include cause, effect, and corrective action):
- 19__ -
- 19__ -
- 19__ -
38. WHO IS RESPONSIBLE FOR MAINTENANCE AND SERVICE:
- | | | |
|---------------|----------------------|----------------------------|
| | <u>EMPLOYEES (%)</u> | <u>SUB-CONTRACTORS (%)</u> |
| OF THE CARS: | | |
| OF THE TRACK: | | |
39. HOW FREQUENTLY IS ROUTINE MAINTENANCE PROVIDED:

IV. BILL OF LADING

40. LIST TOTAL GROSS REVENUES FOR EACH OF THE LAST THREE (3) YEARS AND AN ESTIMATE FOR THE COMING YEAR.

19__ \$
 19__ \$
 19__ \$

- 41. TYPE(S) OF INDUSTRY SERVED:

- 42. SUBMIT COPY OF LATEST "R2" OR "R3" REPORT TO I.C.C. (if available).

- 43. LIST MAJOR COMMODITIES HANDLED AND PROPORTIONATE PERCENTAGE OF EACH COMMODITY:

- 44. WHO IS TYPICALLY RESPONSIBLE FOR LOADING/UNLOADING? INCLUDE SAFEGUARDS AND PRECAUTIONS ESTABLISHED:

- 45. WHAT IS YOUR PROCEDURE FOR INSPECTING LOADED CARS TO ENSURE THAT THEY ARE PROPERLY LOADED?

- 46. DO YOU CARRY ANY PASSENGERS? IF YES, NUMBER OF PASSENGERS HAULED (Please obtain and complete Supplemental Passenger Application)?
 PER TRAIN:
 PER YEAR:

- 47. DO YOU MAINTAIN ANY STORAGE FACILITIES? IF YES, PLEASE DESCRIBE:

- 48. VALUE OF LADING PER TRAIN
 AVERAGE:
 PEAK:

V. HAZARDOUS CARGO

- 49. CHEMICALS, HAZARDOUS MATERIALS OR EXPLOSIVES CARRIED; ATTACH SEPARATE LIST IF NECESSARY.

	NUMBER OF CARS	
	<u>PER TRAIN</u>	<u>PER YEAR</u>
LPG	_____	_____
LNG.....	_____	_____
EXPLOSIVES/MUNITIONS.....	_____	_____

ANHYDROUS AMMONIA _____
 GASOLINE _____
 (CHEMICALS/SPECIFY) _____

- 50. DO YOU HAVE DESIGNATED RULES PERTAINING TO THE HANDLING OF HAZARDOUS COMMODITIES IN YOUR RULE BOOK?
- 51. HOW ARE THESE ENFORCED?

VI. FOREIGN ROLLING STOCK

- 52. ESTIMATE AVERAGE NUMBER OF "FOREIGN" CARS:
 PER TRAIN:
 PER MONTH:

- 53. DESCRIBE TYPE OF "FOREIGN" CARS:

VII. FELA/OCCUPATIONAL

- 54. LIST NUMBER OF EMPLOYEES AND ANNUAL PAYROLL FOR EACH OF THE LAST 3 YEARS, INCLUDING AN ESTIMATE FOR THE COMING YEAR:

	<u>NUMBER OF EMPLOYEES</u>	<u>PAYROLL</u>
19__		\$
19__		\$
19__		\$
ESTIMATE		\$

- 55. ARE YOU A MEMBER OF THE CONSOLIDATED TRANSPORTATION INSURANCE TRUST FUND (CTIT) OR THE TRAVELERS GA 23000 PLAN? (Indicate which and limits of insurance).
- 56. DO YOU CURRENTLY HAVE IN PLACE A RULE CERTIFICATION PROGRAM? IF SO, WHAT ARE THE REQUIREMENTS FOR THE PROGRAM? DO YOU HAVE A RE-CERTIFICATION PROGRAM AS WELL?
- 57. HOW MANY TRAINING CLASSES PER YEAR ARE HELD?
- 58. ARE THE TRAINING CLASSES MANDATORY FOR ALL EMPLOYEES?
- 59. DO YOU HAVE A PRE-EMPLOYMENT PHYSICAL REQUIREMENT?
- 60. DO YOU HAVE A PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING PROGRAM?

- 61. DO YOU HAVE A POLICY CONCERNING DRUG AND ALCOHOL TESTING AFTER EMPLOYMENT HAS BEEN INITIATED? IF YES, ATTACH PARTICULARS.
- 62. DO YOU HAVE AN EFFICIENCY TESTING PROGRAM IN PLACE TO ENSURE RULE COMPLIANCE?

VIII. EXPERIENCE ATTACH HARD COPY LOSS RUNS

- 63. SUMMARY OF LOSSES: (Past five (5) years)

<u>POLICY PERIOD</u>	<u>APPLICABLE COVERAGE*</u>	<u>TOTAL NUMBER OF CLAIMS</u>	<u>TOTAL RESERVE</u>	<u>INCURRED (Incl. SIR)</u>	<u>TOTAL PAID</u>	<u>EVALUATION DATE</u>
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*INDICATE INFORMATION FOR EACH LINE THAT INCURRED ACTIVITY; CODES: GL - GENERAL LIABILITY, FELA - FELA, FRS - FOREIGN ROLLING STOCK, BOL - CARGO.

- 64. LIST AND DESCRIBE ANY CLAIM PAID OR RESERVED OVER THE LAST 10 YEARS IN EXCESS OF \$10,000 (If none, please indicate):

- 65. HAVE ANY OF THE LOCATIONS SERVED BY YOUR RAILROAD EVER HAD TO BE EVACUATED BECAUSE OF A DERAILMENT, LEAK, OR ANY OTHER REASON ATTRIBUTABLE TO HAZARDOUS MATERIAL CARS?

- 66. DESCRIBE CLAIMS HANDLING PROCEDURES USED BY RAILROAD:

- 67. NAME, TITLE, PHONE NUMBER AND ADDRESS OF PERSON TO CONTACT FOR ENGINEERING INSPECTION:

- 68. REMARKS:

FRAUD WARNINGS

NOTICE TO ARKANSAS 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"

NOTICE TO 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 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."

NOTICE TO 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 IN THE THIRD DEGREE."

NOTICE TO 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."

NOTICE TO MINNESOTA APPLICANTS: "A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME."

NOTICE TO 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."

NOTICE TO NEW YORK 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, 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."

NOTICE TO 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."

NOTICE TO 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."

Signing this application does not bind the applicant nor the Insurer to complete this insurance, but it is agreed that the statements contained in this application shall form the basis on which the policy is issued and the applicant warrants all such statements be true to the best of its knowledge and belief.

Dated at _____ This ____ Day of _____, 19 ____

Name of Applicant _____

Signature of Authorized Representative (Officer)

Title _____