

**LEXINGTON INSURANCE COMPANY**  
**RAILROAD PROTECTIVE LIABILITY APPLICATION**

1. Named Insured (RR): \_\_\_\_\_

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

3. Name of Contractor: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Name of Gov't Auth. For whom work is being done: \_\_\_\_\_  
\_\_\_\_\_

6. Address: \_\_\_\_\_

7. Limits of Liab.            ( )    \$2,000,000 CSL per occ./\$6,000,000 agg.  
                                  ( )    \$2,000,000 CSL per occ./\$2,000,000 agg.  
                                  ( )    Other (state limits)

8. No. of policies required if more than one Assured: \_\_\_\_\_

9. No. of trains  
Reg. Per day:    Pass. \_\_\_\_\_      Freight \_\_\_\_\_      Unshed. \_\_\_\_\_  
Trains passing work site during work hours:  
                         Pass. \_\_\_\_\_      Freight \_\_\_\_\_      Unshed. \_\_\_\_\_

Notes: \_\_\_\_\_

Explain slow orders in effect. \_\_\_\_\_  
\_\_\_\_\_

10. Physical description of work being done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a) Total cost of construction: \_\_\_\_\_

b) Cost of work w/I 50 ft.: \_\_\_\_\_

c) Anticipated start date: \_\_\_\_\_

d) Anticipated end date: \_\_\_\_\_

e) If cost involves movement of track, explain. \_\_\_\_\_  
\_\_\_\_\_

f) Work done by RR:      Flagmen/Supervisor \_\_\_\_\_  
                                  Other RR Employees      Yes \_\_\_ No \_\_\_ (Explain) \_\_\_\_\_

g) If blasting near tracks is expected, describe method & exposure. \_\_\_\_\_

h) What utility lines are in right of way? \_\_\_\_\_  
\_\_\_\_\_

11. Contractors GL ins. limits: \_\_\_\_\_  
Umbrella: \_\_\_\_\_

12. Attach any indemnification contract between RR & Contr.

13. Attach any additional information.