ACORD™ RAILROAD PROTECTIVE LIABILITY SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No.):	APPLICANT (First Named Insured)
	TYPE OF CONTRACTOR / YEARS EXPERIENCE
	LIMIT OF INSURANCE $
CODE: SUBCODE: AGENCY CUSTOMER ID:	

GENERAL INFORMATION

LOCATION OF PROJECT		
DESCRIPTION OF PROJECT		
DISTANCE BETWEEN PROJECT AND RR TRACKS FT.	TYPE OF PROJECT	
PROJECT OWNER NAME	TOTAL COST OF PROJECT $	
PROJECT OWNER ADDRESS	NUMBER OF TRAINS PER DAY	TYPES OF TRAINS ☐ PASSENGER ☐ FREIGHT
	NAME OF RAILROAD	

ANY TEMPORARY GRADE CROSSING UTILIZED? ☐ YES ☐ NO

ANY EMERGENCY COMMUNICATION PLAN ESTABLISHED BETWEEN RAILROAD AND CONTRACTOR? ☐ YES ☐ NO

REMARKS

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