

ACORDTM RAILROAD PROTECTIVE LIABILITY SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	
	FAX (A/C, No.):	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 <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT
		NAME OF RAILROAD	
ANY TEMPORARY GRADE CROSSING UTILIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANY EMERGENCY COMMUNICATION PLAN ESTABLISHED BETWEEN RAILROAD AND CONTRACTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

REMARKS

--