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RAILROAD PROTECTIVE LIABILITY APPLICATION

Name and Address
Of Railroad (Insured):

Name and Address
Of Contractor:

Contractor's General Liability Limits/Carrier: _____
Contractor's Umbrella/Excess Limits/Carrier: _____

Will RR be listed as an Additional Insured on the Contractor's GL Policy? Yes No
Will the Contractor be holding the RR harmless for this job? Yes No
Will the contractual exclusion for work within 50 feet of a RR be deleted from the contractor's GL
and Umbrella/Excess Policies for this job? Yes No

Name and address of Involved Governmental Authority (if applicable): _____

Railroad Protective Limits Desired: _____ OCC _____ AGG

Bid Date: _____ Policy Period: From: _____ To: _____

Description of Job: _____
(include job/
contract #) _____

Location of Job: _____
(include City/State) _____

Is Construction: () Parallel to, () Over, () Under, or () On, the RR tracks

Total Job Cost: _____ Job Cost w/in 50 feet of RR tracks: _____

ZURICH
RAILROAD DEPARTMENT



Daily train traffic: Freight _____ Passenger _____

Will the RR provide any flagmen or supervisory personnel for this job? _____ Yes _____ No

Will the RR provide any other employees to do work for this job? _____ Yes _____ No

If yes, please explain: _____

Will the RR loan any equipment to the contractor for this job? _____ Yes _____ No

If yes, please explain: _____

Signature Date

**If you want to learn more about the compensation Zurich pays agents and brokers visit:
<http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.**