



Milton O. Johnston and Company

INSURANCE

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RAILROAD PROTECTIVE LIABILITY APPLICATION

Railroad
(Named Insured): _____

Contractor &
Address: _____

Contractor's GL
Limits: Primary _____
Carrier _____
Excess/Umbrella _____
Carrier _____

Name of Involved Governmental Authority (if applicable): _____

Railroad Protective Limits Desired: _____ OCC _____ AGG

Bid Date: _____ Term: _____ to _____

Description of Job: _____

Location: _____

Is Construction: () Parallel to, () Over, () Under, or () on, the
railroad tracks.

Total Job Cost: _____ Job cost within 50 feet of railroad tracks: _____

Daily train traffic: Freight - _____ Passenger - _____

Work performed by railroad: Flagmen/Supervisors _____
Other Railroad Employees? No ___ Yes ___ (Explain)

