



# APPLICATION FORM \$2M/\$6M RAILROAD PROTECTIVE LIABILITY INSURANCE

**DO NOT submit unless all mandatory (\*) fields are complete.**

- \*Name of Union Pacific Representative  
Email Address
- \*Union Pacific assigned Project # and/or Folder #

**FOR PROJECTS EXCEEDING A VALUE OF \$10,000,000 WITHIN THE RAILROAD RIGHT OF WAY PLEASE CONTACT MARSH**

- Project Cost Within 50'RR Property Total Project Value  
*(required for quoting purposes)*

**The following questions must be answered:**

- Does the project include any track work while active trains pass through the project area?      Yes      No
- Will a project contract, including a hold harmless agreement, be signed by the designated contractor?      Yes      No
- Will the railroad be named as an additional insured on the contractor's GL policy?      Yes      No
- Is a slow order in place for the duration of the project?      Yes      No
- Will other railroad employees (other than flagmen) be assigned or provide any direction in the project?      Yes      No

**TO BE COMPLETED FOR ALL PROJECTS OTHER THAN BRIDGE WORK**

- \*Describe work to be performed with in the Union Pacific right of way.

**Excluded Project Types**

- Any project involving blasting, explosives or fireworks
- Subaqueous projects
- Underground work including subways, mines and tunneling
- Work within refineries, chemical plants, mills or grain elevators
- Projects involving track work while trains pass through the right of way
- Work involving hazardous chemicals

- \*Job Location (Nearest City, State)  
*(Include Project Location, County, and Zip Code)*

- \*Estimated Start and End Date of Work Within RR Right-of-Way      Begin:      End:

- \*Name on Certificate of Insurance  
*(Contractor completing the project)*

Mailing Address      City, State, Zip  
Phone #      Fax #      E-Mail

Premium includes 15% commission for Marsh USA Inc. Your payment will acknowledge acceptance of this transaction.

**\* THIS COVERAGE WILL NOT BEGIN UNTIL SIGNED APPLICATION AND CHECK ARE RECEIVED BY MARSH**  
*This application will serve as your invoice.*

A check payable in the amount quoted in item #3 above  
Payable to: Marsh USA Inc.  
PO Box 846015  
Dallas, TX 75284-0015

**FRAUD PREVENTION - GENERAL WARNING**

**NOTICE:** Any person who knowingly assist another, files an application for insurance or claim containing any false, incomplete or misleading information for the purpose of defrauding or attempting to defraud an Insurance Company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Applicant Signature      Applicant Phone      Date:  
Please Print Applicant's Name

## NOTICE

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

### **To Prospective Insureds In:**

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to District of Columbia and Louisiana Applicants:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Notice to Florida and Oklahoma Applicants:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **(Note: In Oklahoma the language must appear on the face of the policy in 10 pt. font or larger).**

**Notice to Kansas Applicants:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Notice to Maine, Tennessee, Virginia and Washington Applications:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Hampshire Applicants:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.