



RAILROAD PROTECTIVE LIABILITY APPLICATION

Named Insured: _____

Insured Address: _____

Production Title and Number of Scenes with Railroad Activity: _____

Scene Numbers: _____

Name and Address Of Railroad: _____

Will RR be listed as an Additional Insured on the Insured's GL Policy? Yes No

Will the insured be holding the RR harmless for this job? Yes No

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

Railroad Protective Limits Desired: _____

OCC _____ AGG _____

Details of Scene: _____

Location: _____

Are you filming: Parallel to, Over, Under, or On the tracks

Other: _____

Will the area be closed to the public? _____

Are there any additional hazards, stunts, or pyrotechnics involved in the scenes? _____

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: