



# Patriot National Underwriters, Inc.

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## Railroad Protective Liability Supplement

APPLICANT (First Name Insured)	DATE
TYPE OF CONTRACTOR	Yrs EXPERIENCE
LIMIT OF INSURANCE \$	

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"/> PASSENGER <input type="checkbox"/> FREIGHT

REMARKS