

Workers' Compensation Supplemental Application



Required submission information:

1. ACORD Application
2. Current plus last 4 years of currently valued loss runs
3. Historical Payroll for the last 5 years (or copy of Workers' Compensation experience mod worksheet)

Named Insured:	
Effective Date:	Target (or expiring) Premium:
Historical Payroll for the last 5 Years:	

Operations and Workforce Profile

Describe scope of Rail work performed					
Self-performed			Subcontracted to others		
Percentage of work on or adjacent to live track	%		Average employee tenure	years	
Use of any temporary or leased labor	Yes	No	Night/weekend/outage work	Yes	No
Any underground work	Yes	No	Any other work performed, outside of Railroad operations?	Yes	No
Total # of employees					

For all Yes responses above, please provide details:

Workforce Safety and Supervision

Check Yes or No:					
No lone-worker policy	Yes	No	Fatigue management (shift limits, rest periods)	Yes	No
Increased supervision during outages and night work	Yes	No	Stop work authority communicated and supported	Yes	No
Formal mentoring of new hires	Yes	No			
Formal written safety program (provide copy)	Yes	No	Documented discipline for rule violations	Yes	No
• Frequency of safety meetings	Yes	No	Use of PPE enforced	Yes	No
• Dedicated safety officers/employees	Yes	No	Weather-based work modification procedures in place	Yes	No
• Safety Audits and/or field inspections conducted? If yes, how often?	Yes	No	Mandatory slip resistant safety boots	Yes	No
• FRA (Federal Railroad Administration) Compliance	Yes	No	Ballast-specific movement training provided	Yes	No
» FRA part 243 (safety training)	Yes	No	Fall protection for all employees and/or subs	Yes	No
» FRA part 219 (drug and alcohol)	Yes	No	Other?		
» FRA part 214 (roadway worker protection)	Yes	No			
» Any other FRA part?	Yes	No			

Equipment, Machinery and Hi-Rail

Check Yes or No:

Operators training on all equipment	Yes	No	Hi-Rail operator certification, beyond CDL	Yes	No
Lockout /shutdown before servicing	Yes	No	Speed limits defined and enforced in work zones?	Yes	No
Spotters used in congested, blind spot areas, or reversing	Yes	No	Formal Maintenance Program in place?	Yes	No
Equipment inspections documented How often?	Yes	No			

Incident, Claims and Medical Management

Check Yes or No:

Immediate incident reporting procedures in place	Yes	No	Any prior FELA related claims (provide details):	Yes	No
Formal investigation process	Yes	No		Any prior OSHA citations or violations (provide details):	Yes
Supervisors trained in post-incident response	Yes	No	Yes		No
Return to work/light duty program	Yes	No			

Fraud and Applicant's Statement | Fraud Warning Statements

Countrywide Fraud Statements

Knowingly presenting false or misleading information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia 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.

Alabama applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine applicants: 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 or a denial of insurance benefits.

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

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico 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 civil fines and criminal penalties.

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

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer:

1.) by submitting an application or; 2.) filing a claim containing a false statement as to any material fact may be violating state law.

Fraud and Applicant's Statement | Fraud Warning Statements (continued)

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 the purpose 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.

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

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Arbitration Statement

Applicable to Utah applicants: If the policy will contain an arbitration clause: Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of the (American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgment in any court of proper jurisdiction.

Signing this form does not bind the applicant firm or the company to complete the insurance.

Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Authorized Signature _____ Title: _____

Print Name: _____ Date: _____

