



Certificate of Insurance – Insurance Covering Railway Third Party Liability for Freight and Passenger Operations						
Certificate issued to the Canadian Transportation Agency Ottawa, Ontario K1A 0N9				Name and address of insured:		
Sections 1-6 are to be completed by Agent/Broker						
1. Name and address of Insurance agent/broker				2. Type of insurance		
				<input type="checkbox"/> Claims made <input type="checkbox"/> Per occurrence		
3. General liability insurance including but not limited to the following extensions:						
<input type="checkbox"/> Railroad operations		<input type="checkbox"/> Liquor law liability		<input type="checkbox"/> Evacuation expense		
<input type="checkbox"/> Contractual liability		<input type="checkbox"/> Passenger liability		<input type="checkbox"/> Named perils pollution (Specify:)		

<input type="checkbox"/> Other (Specify: _____)						
4. Coverages						
Insurers	Participation Percentages	Policy Numbers	Effective Date Expiry Date (DD/MM/YY)	Limits of Liability*	Self-Insured Retention	Deductible
Specify: * Aggregate limit and/or each occurrence limit						
Exclusions (in part or in whole) :						
5. Notification						
The insurer shall provide the Agency with no less than 30 days' prior written notification of cancellation, expiration or material alteration of the insurance coverages certified herein.						
6. This is to certify that the policies of insurance listed above issued to the insured named above for the policy period indicated and that the operating risks, as listed in section 7, are known to the insurer.			Name (printed) and signature of insurer's authorized representative		Date	
(If space provided is insufficient please reference)						
						(see over)

Sections 7-8 are to be completed by insured		
7. The insured or authorized representative has fully disclosed to the insurer the operating risks arising from the insured's proposed construction or operation of the railway as identified below, in order to enable the insurer to issue the insurance coverage necessary for the proposed construction or operation. Information provided below must relate to annual forecast for the policy term and latest complete calendar year.		
a) Proposed construction or operation being insured (location/termini and route/mileage/subdivision)		
b) Total Canadian and Foreign passenger ridership		c) Total freight train-miles
d) Total passenger train-miles		e) Volume of traffic (tons)
f) Name, classification & volume (in tons) of dangerous commodities carried		
g) Types of areas served <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Both		
h) Number of level crossings		i) Maximum train speed (Operating timetables)
j) Number of claims for each of the last 10 years		
k) List the amount of each claim paid and outstanding (from lowest recorded dollar) for each of the last 10 years		
l) What are the risks associated with a proposed construction?		
m) Third party maintenance operations?		
n) Training for enginemen provided by		o) Crew size?
p) Method of train control: <input type="checkbox"/> CTC <input type="checkbox"/> Manual	q) Who provides dispatching services?	r) Operating under who's authority?
8. If the proposed operation is on or over any portion of the railway of any other railway company then the applicant proposes to operate from _____ to _____ and over the following railway/route _____		
Name (printed) and signature of insured's authorized representative		Date
(If space provided is insufficient please reference)		