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Certificate issued to the Canadian Transportation Agency Ottawa, Ontario K1A 0N9			Name and address of insured:				
Sections 1-6 are to be completed by <i>F</i>	Agent/Broker						
1. Name and address of Insurance agent/bi	oker				2. Type of insu	ance	
					☐ Claims ma	de	
					☐ Per occurre	ence	
3. General liability insurance including but	not limited to the foll	owing extensions:					
☐ Railroad operations		Liquor law liability		☐ Eva	cuation expense		
☐ Contractual liability		Passenger liability		☐ Nar	ned perils polluti	on (Specify:)
☐ Other (Specify:							
□ Other (Specily:							<i>)</i>
4. Coverages							
Insurers	Participation Percentages	Policy Numbers	Effective Date Limits of Liability* Expiry Date			-Insured tention	Deductible
	·		(DD/MM/YY)				
Specify: * Aggregate limit and/or each or							
Exclusions (in part or in whole):							
5. Notification							
The insurer shall provide the Agency wi coverages certified herein.	th no less than 30 da	ays' prior written no	tification of cance	lation, expiration or mate	rial alteration of	the insuranc	ee
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,		e Name (printed	ame (printed) and signature of insurer's authorized representative			Date	
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Sections 7-8 are to be complete	d by insured				
the railway as identified below, in	sentative has fully disclosed to the insurer the operating order to enable the insurer to issue the insurance covera ual forecast for the policy term and latest complete caler	ge necessary for the			
a) Proposed construction or opera	tion being insured (location/termini and route/mileage/su	odivision)			
b) Total Canadian and Foreign pas	ssenger ridership	c) Total fi	reight train-miles		
d) Total passenger train-miles) Total passenger train-miles e) Volume of traffic (tons)				
f) Name, classification & volume (i	in tons) of dangerous commodities carried				
g) Types of areas served					
Rural	☐ Urban ☐ Both	D 84i		**** - **** - * - - - -	
h) Number of level crossings		i) Maximu	i) Maximum train speed (Operating timetables)		
j) Number of claims for each of the	e last 10 years	l			
k) List the amount of each claim p	aid and outstanding (from lowest recorded dollar) for each	h of the last 10 yea	irs		
I) What are the risks associated w	ith a proposed construction?				
m) Third party maintenance opera	tions?				
n) Training for enginemen provide	d by	o) Crew s	o) Crew size?		
p) Method of train control:	q) Who provides dispatching services?	r) Op	perating under who's a	uthority?	
□ CTC □ Manual					
	or over any portion of the railway of any other railway co			erate from	
	to a	nd over the followin	ig railway/route		
Name (printed) and signature of	insured's authorized representative			Date	
(If space provided is insufficient pl	ease reference)				
				R001 (05/96)	