

Certificate of Insurance

V378

Date: MM/DD/YY

PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	
NAME & ADDRESS OF INSURED		INSURER A: AM Best Rating A-, VII Or Better	
		INSURER B: AM Best Rating A-, VII Or Better	
		INSURER C:	
		INSURER D:	
		INSURER E: AM Best Rating A-, VII Or Better	
		NAIC #	

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> INCLUDES CG 24 17 'CONTRACTUAL LIABILITY - RAILROADS'				GENERAL AGGREGATE PRODUCTS -COMP/OP AGG PERSONAL & ADV INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any One Person)	\$2,000,000 \$1,000,000
B	AUTOMOBILE <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> CA 20 48 <input type="checkbox"/> CA 20 70				COMBINED SINGLE LIMIT Or BODILY INJURY (Per accident) BODILY INJURY (Per person) PROPERTY DAMAGE	\$1,000,000
	PROFESSIONAL LIABILITY				EACH OCCURRENCE AGGREGATE	
	EXCESS/UMBRELLA LIABILITY* <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	
E	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL <input checked="" type="checkbox"/> WAIVER OF SUBROGATION <input type="checkbox"/> WC 00 03 01 'ALTERNATE EMPLOYERS LIABILITY'				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EA EMPLOYEE	\$500,000 \$500,000 \$500,000

Cargo Liability Proof of Coverage

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

Union Pacific Railroad Company are named as additional insured for General Liability and Auto Liability.

CERTIFICATE HOLDER Union Pacific Railroad Company	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE Must be signed (Typed Names Not Accepted)

*Umbrella coverage is not required, but may be totaled with other liability coverages in order to meet the requirements.