



5612663

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED

### HUDSON RAILROAD PROTECTIVE LIABILITY GROUP

SEP 26 2017

A voluntary membership organization whose principal office is:  
c/o Steptoe & Johnson, Attn: Harry Lee; 1330 Connecticut Ave, NW, Washington, D.C. 20036

#### POLICY CERTIFICATE

THIS POLICY CERTIFICATE IS ISSUED UNDER MASTER POLICY NUMBER 201501  
ISSUED TO HUDSON RAILROAD PROTECTIVE LIABILITY GROUP

Policy Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_ and its affiliates including Designated Employees and:

- 1) Any subsidiary company of such organization, including any subsidiary company thereof:
  - a. Existing at the effective date of this policy, or
  - b. Acquired during the "Policy Period"
- 2) Any other company controlled and actively managed by such organization or other subsidiary thereof;
  - a. At the effective date of this policy, or
  - b. Upon the acquisition of the control, and active management thereof if acquired during the "Policy Period."

Named Insured Mailing Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Project Work: \_\_\_\_\_

Location of Work: \_\_\_\_\_

Contract Cost within 50 ft: \$ \_\_\_\_\_ Contract # or Name: \_\_\_\_\_

Work Performed For: \_\_\_\_\_

Policy Period: EFFECTIVE DATE: \_\_\_\_\_ 12:01 AM to EXPIRATION DATE: \_\_\_\_\_ 12:01 AM

Limits of Liability: \$ \_\_\_\_\_ per occurrence; \$ \_\_\_\_\_ policy certificate aggregate  
Limits apply separately to each policy certificate issued under the Master Policy.

Territory: United States of America

Premium: \$ \_\_\_\_\_ (Premium Shown is Both Deposit Premium and Minimum Earned Premium)

Notice: Notices required to be given by the Named Insured under this policy shall be sent to:  
Attn: Claims Department, Hudson Insurance Company  
100 William Street, 5<sup>th</sup> Floor; New York, N.Y. 10038  
You may also call: 1-866-546-3981 or email: [HudsonClaims300@HudsonInsGroup.com](mailto:HudsonClaims300@HudsonInsGroup.com)  
to discuss your policy coverage or to report or discuss a claim.

Wording: As per the Railroad Protective Form CG0035; CG2170; CG2176; CG2196; IL0021; HASB0010111; HTER0010111; HPOLRRP01; HUDEVACRRP1 and all required state amendatory endorsements.

Terms: All other terms and conditions as per the referenced Policy Form above and applicable Endorsements.

Agent Name: \_\_\_\_\_

Agent Address: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

DATE: \_\_\_\_\_