

Appendix A
**WMATA BLANKET RAILROAD PROTECTIVE
 LIABILITY INSURANCE PROGRAM APPLICATION FORM**

Contractor/Permittee shall complete this form, sign and return to RISK, Attn: Joy Forrest jforrest@wmata.com (202-962-1221). Applicant will be advised if project can be covered under the WMATA RRP program and the cost. If coverage is desired under the WMATA program, an invoice will be sent to the applicant. (If application is for a LAND PERMIT, please attach a copy to the permit application).

1) Contractor/Permittee and Address	
2) Job Description	
3) Unique Job Characteristics (e.g., tunneling, blasting)	
4) Est. # Days/Months/Years on Metro Property	
5) Total Project Term	
6) Project Solely for the Benefit of Metro? (Yes/No)	
7) Joint Development Project? (Yes/No)	
8) Adjacent Construction Project (i.e., no benefit to Metro)? (Yes/No)	
9) Are WMATA Employees other than flagmen/supervisors and/or protective type personnel doing any work on this project? (Yes/No)	
10) If Yes to #9 above: a. Advise # of RR employees b. Who are these RR employees (job title, role, etc.) c. Provide a description of the work being performed by these RR employees d. Advise the dollar value of the work being performed by these RR employees (labor/mat'ls/equip.)	
11) Contract/PR/PO/PCN Number (if already assigned)	
12) Job Location (i.e., address, station name, mile markers)	
13) Total Contract Value	
14) RRP Limit Required (to be completed by RISK)	
15) Dollar value of work within 50' of WMATA Railroad Property	
16) WMATA Dept. Contact/Phone Number	
17) RRP Premium (to be completed by RISK)	

Signature of authorized Contractor/ Permittee representative: _____

Date _____

Printed Name/Title _____