

Date CERTIFICATE OF INSURANCE REQUEST FORM			
Certificate Holder Information:		Insured Name and Address:	
Company Name:		Company Name:	
Contact Person:		Contact Person:	
Address: 252 Clayto	n Street	Address:	
City, State, Zip: Denver, CO	0 80206	City, State, Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email	_	Email	_
Forward Certificate To:			Deliver Certificate Via:
Attention: E-mail: Fax: Phone:		Send to Certificate Holder	☑ E-mail☐ FAX☐ US Mail
Coverage To Be Evidenced on Certificate:		Required Coverage Conditions	
GENERAL LIABILITY to incoverage for hazardous materi	VINA / 2NA	Certificate holder(s) as additional insured	
☐ AUTOMOBILE LIABILITY \$ 1M		Primary & Non-Contributory wording	
WORKERS' COMPENSATION & ■ \$ 1M ■ \$ 1M		☐ Waiver of Subrogation in favor of Certificate Holder(s)	
☐ UMBRELLA LIABILITY \$4M		□ 30 Days Written Notice of Cancellation	
All RISK PROPERTY		☐ General Liability includes CG 24 17 10 endorsement	
(A - STANDARD COI) Certificate Description Box (This Additional Language MUST be Included on the Certificate):			

The certificates of insurance shall evidence all the above required terms and conditions including the following:

- 1. Certificate holder and its affiliates are named as an additional insured where required by written contract
- 2. A waiver of subrogation is provided in favor of certificate holder and its affiliates
- 3. Commercial General Liability is endorsed to remove any and all exclusions for work on or within 50 feet of railroad property
- 4. All insurance is primary and not excess over or contributory with any insurance maintained by certificate holder or its affiliates
- 5. All insurance shall be endorsed to provide thirty (30) days' prior written notice of cancellation or non-renewal

Certificates of Insurance should be maintained with the associated agreement(s) requiring evidence of insurance.

Copies of ALL certificates should be sent to the Risk Management Department.