

Date CERTIFICATE OF INSURANCE	
<u>REQUEST FORM</u>	
Certificate Holder Information:	Insured Name and Address:
Company Name:	Company Name:
Contact Person:	Contact Person:
Address: 252 Clayton Street	Address:
City, State, Zip: Denver, CO 80206	City, State, Zip:
Phone:	Phone:
Fax:	Fax:
Email	Email
Forward Certificate To:	Deliver Certificate Via:
Attention:	
E-mail:	Send to E-mail Certificate Holder
Fax:	- E FAX
Phone:	_ US Mail
Coverage To Be Evidenced on Certificate:	Required Coverage Conditions
GENERAL LIABILITY to include coverage for hazardous material \$10M	Certificate holder(s) as additional insured
AUTOMOBILE LIABILITY \$ 1M	Primary & Non-Contributory wording
WORKERS' COMPENSATION &	Waiver of Subrogation in favor of Certificate Holder(s)
EMPLOYERS LIABILITY 5 TM	
UMBRELLA LIABILITY	\boxtimes 30 Days Written Notice of Cancellation
All RISK PROPERTY	General Liability includes CG 24 17 10 endorsement
(D – CLASS III HAZARDOUS MATERIAL) 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	
 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.	