

2025 NORTH AMERICAN RAILCAR OPERATORS ASSOCIATION (NARCOA) COMMERCIAL INLAND MARINE INSURANCE APPLICATION

Insured Nam	e:				Effe	ective l	Date:				PAG	E	1
INSTRUC	TION	IS											
A minimum of 100 cars must be insured before physical damage coverage will be written. If NARCOA applications received total less than 100 cars, the program will be cancelled and premium checks will be returned.													
You must provide a " unique " description of the motorcar that distinguishes it from any other motorcar you own. Effective date of coverage will be the date the application & payment is received by USIS , but no earlier than the term's renewal date.													
\$500 deductible applies per car. Note: Values > \$20,000 subject to increased deductible.													
CARRIER: HANOVER INSURANCE GROUP, A.M. BEST RATING "A"													
PREMIUM CALCULATION													
MOTORCAR	VALUE	\$5,000 or lo	ower	\$5,001 te	o \$10	,000	\$10,0	001 to	\$20,000	\$20,	001 +	Hi-	Rail Vehicle
ANNUAL PRE *P	MIUM ER CAR			\$171			\$24	40		Refer Comp		\$2	201
INSURED INFORMATION													
Insured Nar													
e-m	ail												
Phone #1			Pho	one #2					Fax #				
Mailing Addr	ess												
C	ity						State				ZIP		
ANY LOSSES IN THE LAST 5 YEARS?						YES		NO					
To report ne	w losses	or if you are a r	new NA	RCOA mem	nber, p	lease ii	nform L	Inited S	hortline Ins	urance	e direct a	t (98	89) 738-6400.
		CHEDUL											
Complete Description of Insured Motorcar Year, Make, Model, Serial Numbers &/or Identifying marks unique to the motorcar Motorcar Val							orcar Val	ue	Premium				
#1													
#2													
#3													
#4													
HiRail #1													
HiRail #2													
Hi-Rail Total													
Sub-Total from Page 1													
*Continue to page 2 for additional motorcars. Sub-Total from Page 2													

Total Premium



This information is not a representation that coverage does or does not exist for any particular claim or loss under any policy. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations. © 2025 United Shortline Insurance Services, Inc | 8265 N. Van Dyke Rd, Port Austin, MI 48467 | Direct (989) 738-6400 / unitedshortline.com

*NO REFUNDS or RETURN ON PREMIUM



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Insured Name:	Effective Date:	PAGE	2
MOTORCAR SCHEDULE (conti	nued)		
Complete Description of Insu Year, Make, Model, Serial Numbers &/o	Motorcar Value	Premium	
#5			
#6			
#7			
#8			
#9			
#10			
#11			
#12			
#13			
#14			

Total Premium for Motorcar's #5 - #14: transfer total to page 1 totals

FO	What is Inland Marine / Rolling Stock coverage? 1st party coverage for damage to your motorcar caused by covered perils such as collision, overturn, derailment, fire, vandalism, etc.							
\leq	Carrier	Hanover Insurance Group (AM Best Rated "A") Valuation Actual					l Cash Value	
LICY	Co-Insurance	80%						
	> Add'l Acquired Property		Up to \$250,000	› Pollutant Clean-up & Removal		Up to \$25,000		
	› Valuable Pape	rs & Records	Up to \$50,000	Fire Protective Systems			Up to \$75,000	
0	> Fire Dept Serv	ice Charge	Up to \$25,000	\$25,000 > Rerailment Expense			Up to \$25,000	
	> Debris Remova	al	per policy form > Communication equipment covered				while in use with railcar.	
	Values exceeding members limits can be submitted for underwriter approval. Coverage for Hi-rail vehicles is in effect only while the vehicle is being operated on railroad tracks.							
	Who do I contact in the event of a claim?							
	You may contact the Hanover's claim department direct at 800-628-0250, prompt 2.							
	However, it may be easier to file the initial report through United Shortline Insurance Services AT 989-738-6400. (Because there are many members endorsed to NARCOA's policy, Hanover's claims department may be a little baffled if a member at- tempts to report the initial claim. USI will be able to provide the "missing links".)							

Insured Signature_____ Date _____

Printed Name

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