

SAMPLE ONLY-RIGHT OF ENTRY

ISSUE DATE (MM/DD/YY)

CERTIFICATE OF INSURANCE

PRODUCER INSURANCE COMPANY NAME ADDRESS CITY, STATE, ZIP CODE	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <div style="text-align: center;">COMPANIES AFFORDING COVERAGE</div> COMPANY LETTER A COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D COMPANY LETTER E
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COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Co LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE(MM/DD/YY)	POLICY EXP. DATE(MM/DD/YY)	LIMITS	
<input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT. <input type="checkbox"/>	GENERAL LIABILITY OR				GENERAL AGGREGATE	\$10,000,000
					PRODUCTS-COMP/OP AGG.	\$5,000,000
					PERSONAL & ADV. INJURY	\$5,000,000
					EACH OCCURRENCE	\$5,000,000
					FIRE DAMAGE (ANY ONE FIRE)	NA
					MED. EXPENSE(ANYONE PERSON)	NA
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$2,000,000
					BODILY INJURY (PER ACCIDENT)	
					PROPERTY DAMAGE)	
<input type="checkbox"/> <input type="checkbox"/>	EXCESS LIABILITY				EACH OCCURRENCE	
					AGGREGATE	
WORKER' COMPENSATION AND EMPLOYER'S LIABILITY					X STATUTORY LIMITS	
					EACH ACCIDENT	\$500,000
					DISEASE - POLICY LIMIT	\$500,000
					DISEASE - EACH EMPLOYEE	\$500,000
OTHER: Pollution Liability (when required by agreement)					GENERAL AGGREGATE	\$10,000,000
					EACH OCCURRENCE	\$5,000,000

CGL Policy is endorsed to include Union Pacific Railroad as Additional Insured as required by agreement.
 CGL Policy is endorsed to include "Contractual Liability Railroads" as required by agreement.
 Auto Liability Policy is endorsed to include "Certain Operations In Connection With Railroads" as required by agreement.
 Auto Liability Policy is endorsed to include Union Pacific Railroad as Additional Insured as required by agreement.
 Policy is endorsed with Motor Carrier Act Endorsement MCS 90 as required by agreement.
 Punitive damages (one of the following statements must be included):

1. Policies are silent concerning punitive damages.
2. Insurance coverage may not lawfully be obtained for any punitive damages that may arise under this agreement.
3. All punitive damages are prohibited by all states in which this agreement will be performed.

Workers' Compensation Policy is endorsed waiving subrogation for Workers' Compensation and Employers Liability in favor of Union Pacific Railroad.
 Railroad Protective Liability as required by agreement with Railroad as named insured with limits of not less than \$2.0 million per occurrence and an aggregate of \$6.0 million. A binder stating policy is in place must be provided to Railroad until policy is forwarded to Railroad.

CERTIFICATE HOLDER UNION PACIFIC RAILROAD CO Real Estate Department ATT: <@<Contract Administrator>@> 1400 Douglas St STOP 1690 OMAHA, NE 68179-1690	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: right;">ACCORD CORPORATION 1990.</div>
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