

SAMPLE ONLY-PRIVATE ROAD CROSSING RESIDENTIAL/FARM

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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">COMPANIES AFFORDING COVERAGE</th> </tr> <tr> <td>COMPANY LETTER A</td> </tr> <tr> <td>COMPANY LETTER B</td> </tr> <tr> <td>COMPANY LETTER C</td> </tr> <tr> <td>COMPANY LETTER D</td> </tr> <tr> <td>COMPANY LETTER E</td> </tr> </table>	COMPANIES AFFORDING COVERAGE	COMPANY LETTER A	COMPANY LETTER B	COMPANY LETTER C	COMPANY LETTER D	COMPANY LETTER E
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INSURED Licensee's NAME ADDRESS CITY, STATE, ZIP CODE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMPANY LETTER B</td> </tr> <tr> <td>COMPANY LETTER C</td> </tr> <tr> <td>COMPANY LETTER D</td> </tr> <tr> <td>COMPANY LETTER E</td> </tr> </table>	COMPANY LETTER B	COMPANY LETTER C	COMPANY LETTER D	COMPANY LETTER E		
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COVERAGES
 THIS IS TO CERTIFY THAT THE POLICES 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
HOMEOWNER OR FARM/RANCH OWNER LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT. <input type="checkbox"/>					GENERAL AGGREGATE NA
					PRODUCTS-COMP/OP AGG. NA
					PERSONAL & ADV. INJURY NA
					EACH OCCURRENCE \$300,000
					FIRE DAMAGE (ANY ONE FIRE) NA
					MED. EXPENSE(ANYONE PERSON) NA
PERSONAL AUTOMOBILE LIABILITY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					COMBINED SINGLE LIMIT \$100,000
					BODILY INJURY (PER ACCIDENT)
					PROPERTY DAMAGE)
UMBRELLA OR EXCESS LIABILITY <input type="checkbox"/> <input type="checkbox"/>					EACH OCCURRENCE \$1,000,000
					AGGREGATE
WORKER' COMPENSATION AND EMPLOYER'S LIABILITY					STATUTORY LIMITS
					EACH ACCIDENT
					DISEASE - POLICY LIMIT
					DISEASE - EACH EMPLOYEE
OTHER					

Farm/Ranch Owner Liability Policy is endorsed to include Union Pacific Railroad as Additional Insured as required by agreement.

CERTIFICATE HOLDER	CANCELLATION
UNION PACIFIC RAILROAD CO Real Estate Department ATT: <@<Contract Administrator>@> 1400 Douglas St STOP 1690 OMAHA, NE 68179-1690	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>
ACCORD 2S-3(7/90)	