

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
CERTIFICATE OF INSURANCE
FOR RAILROAD PROTECTIVE LIABILITY COVERAGE**

This is to certify that the following described Liability Insurance Policy is in force at this date with limits not less than shown below.

Name and address of Insured

Railroad Company: _____

Railroad Protective Liability	
Company:	
Policy No.:	
MDOT Minimum Limits:	Without Passenger Trains \$2,000,000 occ. / \$6,000,000 agg. OR With Passenger Trains \$5,000,000 occ. / \$10,000,000 agg.
Railroad Specific Limits:	
Effective Date:	
Expiration Date:	

MISSISSIPPI DEPARTMENT OF TRANSPORTATION CONTRACT NUMBER(S)

_____ **County (ies)**

In the event of cancellation of said policies or failure on the part of the company to renew at expiration date, the company agrees to give the Railroad Company listed and the Mississippi Department of Transportation, Jackson, Mississippi, not less than thirty days written notice sent by certified mail stating when cancellation or expiration date shall be effective, unless such cancellation is due to non-payment of premium in which case notice will be sent at least ten (10) days prior to cancellation.

The above policies provide protection as is specified in Special Provision Number 907-107.14.2.2--Railroad Protective (2004 Standard Specifications) or sub-section 107.14.2.2--Railroad Protective (2017 Standard Specifications), however they are limited to policy terms, limits, exclusions and declarations.

By: _____
Signature

Agent's Typed Name

MS Insurance ID Number

Address: _____

Sworn to and subscribed before me this

The _____ day of _____, _____

Notary Public

NOTICE: THE CONTRACTOR MUST RENEW THIS CERTIFICATE UNTIL THE CONTRACT IS ACCEPTED BY THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION.
If you alter this form in any manner, it will not be accepted by the Mississippi Department of Transportation.
ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.

**MISSISSIPPI DEPARTMENT OF TRANSPORTATION
 CERTIFICATE OF INSURANCE
 FOR CONTRACTOR'S LIABILITY - RAILROAD**

This is to certify that the following described Liability Insurance Policies are in force at this date with limits not less than shown below.

Name and address of Insured

Contractor: _____

	Contractors Liability incl. XCU, Subcontractors, Railroad Contractual	Automobile Liability	Workers' Compensation and Employers' Liability	Excess/Umbrella Liability
Company:				
Policy No.:				
MDOT Minimum Limits:	\$1,000,000 occ. \$2,000,000 agg.	\$1,000,000 csl	Statutory: \$100,000 accident \$100,000 employee \$500,000 P. L.	\$5,000,000 occ. \$5,000,000 agg.
Railroad Specific Limits:				
Effective Date:				
Expiration Date:				

MISSISSIPPI DEPARTMENT OF TRANSPORTATION CONTRACT NUMBER(S)

_____ **County (ies)**

In the event of cancellation of said policies or failure on the part of the company to renew at expiration date, the company agrees to give the Mississippi Department of Transportation, Jackson, Mississippi, not less than thirty days written notice sent by certified mail stating when cancellation or expiration date shall be effective, unless such cancellation is due to non-payment of premium in which case notice will be sent at least ten (10) days prior to cancellation.

The above policies provide protection as is specified in Special Provision Number 907-107.14.2.2--Railroad Protective (2004 Standard Specifications) or sub-section 107.14.2.2 -Railroad Protective (2017 Standard Specifications), however they are limited to policy terms, limits, exclusions and declarations.

By: _____
Signature

Agent's Typed Name

MS Insurance ID Number

Address: _____

Sworn to and subscribed before me this

The _____ day of _____, _____

 Notary Public

NOTICE: THE CONTRACTOR MUST RENEW THIS CERTIFICATE UNTIL THE CONTRACT IS ACCEPTED BY THE MISSISSIPPI DEPARTMENT OF TRANSPORTATION.
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