

# ADDENDUM # 1

TO THE DRAWINGS AND SPECIFICATIONS FOR:  
**STBG-9901(672) Eggering Drive Reconstruction**  
City of O'Fallon, Missouri  
100 North Main Street  
O'Fallon, Missouri 63366

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O'Fallon, MO 63366

636-379-5424  
E-mail: [ekovach@ofallonmo.gov](mailto:ekovach@ofallonmo.gov)

August 4, 2026

## **INFORMATION**

The following items have been amended for the Eggering Drive Reconstruction Project Specifications:

- **REVISED BID FORM**
  - A revised Bid Form is hereby attached to this addendum. Bidders shall replace pages 10 and 11 of 213 within the REQUEST FOR BID, with the attached Addendum #1 Revised Bid Form pages 10 and 11.
    - Summary of updates:
      - Item 3 quantity revised to 200 SY
      - Item 17 revised description and quantity.
        - 17.0 Rolled curb and gutter, plan C-101, 2186 LF
        - 17.1 6" MoDOT curb and gutter Type B, 327 LF
      - Item 40 quantity revised to 738 SY
      - Item 42 quantity revised to 76 LF
- **JSP APPENDIX A – RAILROAD COORDINATION ITEMS** – pages 90 to 93 shall be removed and replaced with the revised Appendix A, attached to the end of this addendum. An updated Non-Environmental 30 day or less right of entry application instruction booklet has been released by Norfolk Southern and is attached to this addendum.
  - This item will be needed for road reconstruction extending into the Railroad Right of Way.
- **Additional Information**
  - Curb type locations
    - Eggering Drive - Rolled Curb
    - Sonderen Street- Barrier Curb

## ATTACHMENTS:

1. Revised Bid Form
2. Revised Appendix A: Non-Environmental 30 days or less Right of Entry Instructions & Guides

Please ensure your bids comply with this addendum, as noted in the forms accompanying this notice.

**END OF ADDENDUM**

**CONTRACTOR:** \_\_\_\_\_

**EGGERING DRIVE RECONSTRUCTION - BID FORM - Addendum 1**

| ITEM NO.                      | MODOT BID ITEM |     | ITEM DESCRIPTION                                                        | QTY    | UNIT | UNIT PRICE | TOTAL COST |
|-------------------------------|----------------|-----|-------------------------------------------------------------------------|--------|------|------------|------------|
| ROADWAY                       |                |     |                                                                         |        |      |            |            |
| 1                             | 2013000        |     | CLEARING AND GRUBBING                                                   | 0.66   | AC   |            |            |
| 2                             | 2022010        | I   | REMOVAL OF IMPROVEMENTS                                                 | 1      | LS   |            |            |
| 3                             | 2051010        | K   | MODIFIED SUBGRADE (OVER EXCAVATION WITH GEOGRID)                        | 200    | SY   |            |            |
| 4                             | 2071000        |     | LINEAR GRADING CLASS 1                                                  | 16.7   | STA  |            |            |
| 5                             | 3040504        | U   | TYPE 5 AGGREGATE FOR BASE (4 IN. THICK)                                 | 1039   | SY   |            |            |
| 6                             | 3040505        | U   | TYPE 5 AGGREGATE FOR BASE (5 IN. THICK)                                 | 5712   | SY   |            |            |
| 7                             | 4011209        | V   | BITUMINOUS PAVEMENT MIXTURE PG64-22, (BP-1) (2" THICK)                  | 3531.5 | SY   |            |            |
| 8                             | 4013000        | V   | BITUMINOUS PAVEMENT MIXTURE PG64-22, (BASE) (8" THICK)                  | 3531.5 | SY   |            |            |
| 9                             | 4071005        |     | TACK COAT                                                               | 360    | GAL  |            |            |
| 10                            | 5021307        | T   | CONCRETE PAVEMENT (7 IN. NON-REINFORCED, 15 FT. JOINTS)                 | 942.7  | SY   |            |            |
| 11                            | 6039902        |     | ADJUST TO GRADE FIRE HYDRANT                                            | 2      | EA   |            |            |
| 12                            | 6039999        |     | ADJUST TO GRADE UTILITY SERVICE COVER                                   | 23     | EA   |            |            |
| 13                            | 6042010        |     | ADJUSTING MANHOLE                                                       | 4      | EA   |            |            |
| 14                            | 6049902        |     | REMOVE AND RELOCATE FIRE HYDRANT                                        | 1      | EA   |            |            |
| 15                            | 6085006        | T   | PAVED APPROACH 6 IN.                                                    | 985    | SY   |            |            |
| 16                            | 6081000        |     | MOBILIZATION                                                            | 1      | LS   |            |            |
| 17.0                          | Plan C-101     | T   | ROLLED CURB AND GUTTER TYPE A                                           | 2186   | LF   |            |            |
| 17.1                          | 6091052        | T   | 6" MODOT CURB AND GUTTER TYPE B                                         | 327    | LF   |            |            |
| 18                            | 6092011        | T   | INTEGRAL CURB (6 IN. HEIGHT AND UNDER) TYPE A                           | 571    | LF   |            |            |
| 19                            | 6169901        | G,L | STANDARD TRAFFIC CONTROL DEVICES                                        | 1      | LS   |            |            |
| 20                            | 6189901        | Y   | RAILROAD PERMITS                                                        | 1      | LS   |            |            |
| 21                            | 8031000A       |     | TURF TYPE TALL FESCUE SODDING                                           | 1573   | SY   |            |            |
| 22                            | 8061019        |     | SILT FENCE                                                              | 3163   | LF   |            |            |
| 23                            | <612-60.92>    | G,L | CHANGEABLE MESSAGE BOARD (NOISELESS), RENTAL                            | 2      | EA   |            |            |
| 24                            | <612-70.20>    |     | CONTRACTOR FURNISHED SURVEYING AND STAKING (MODOT SPEC.)                | 1      | LS   |            |            |
| 25                            | <806-00.00>    | M   | EROSION CONTROL MEASURES                                                | 1      | LS   |            |            |
| 26                            | <806-45.00>    | M   | INLET PROTECTION                                                        | 1      | LS   |            |            |
|                               |                |     |                                                                         |        |      |            |            |
|                               |                |     |                                                                         |        |      |            |            |
|                               |                |     |                                                                         |        |      | SUB-TOTAL  |            |
| SIGNAGE/STRIPING/SIGNALS      |                |     |                                                                         |        |      |            |            |
| 27                            | 6169910        | S   | REMOVE AND REPLACE STREET SIGN                                          | 4      | EA   |            |            |
| 28                            | 6200033        |     | PREFORMED THERMOPLASTIC PAVEMENT MARKING, R/R CROSSING MARKER           | 1      | EA   |            |            |
| 29                            | 6205901A       |     | 4 IN. YELLOW HIGH BUILD WATERBORNE PAVEMENT MARKING PAINT, TYPE L BEADS | 370    | LF   |            |            |
| 30                            | 6205902A       |     | 6 IN. WHITE HIGH BUILD WATERBORNE PAVEMENT MARKING PAINT, TYPE L BEADS  | 383    | LF   |            |            |
| 31                            | 6206124A       |     | 24 IN. WHITE STANDARD WATERBORNE PAVEMENT MARKING PAINT, TYPE P BEADS   | 220    | LF   |            |            |
| 32                            | 6209902        |     | BICYCLE PAVEMENT MARKINGS                                               | 15     | EA   |            |            |
| 33                            | 9031241        |     | BREAKAWAY ASSEMBLY (PERFORATED SQUARE STEEL TUBE)                       | 6      | EA   |            |            |
| 34                            | 9035004A       |     | SH-FLAT SHEET                                                           | 50     | SF   |            |            |
| 35                            | 9039902B       |     | DRIVEN POST ANCHOR FOR 2 IN. PSST - 14 GA.                              | 6      | EA   |            |            |
| 36                            | 9039903        |     | 2 IN. PSST POST - 14 GA.                                                | 90     | LF   |            |            |
|                               |                |     |                                                                         |        |      |            |            |
|                               |                |     |                                                                         |        |      |            |            |
|                               |                |     |                                                                         |        |      | SUB-TOTAL  |            |
| BICYCLE/PEDESTRIAN FACILITIES |                |     |                                                                         |        |      |            |            |
| 37                            | 3040504        |     | TYPE 5 AGGREGATE FOR BASE (4 IN. THICK)                                 | 1026   | SY   |            |            |
| 38                            | 6081010        | T   | CONCRETE CURB RAMP                                                      | 198.0  | SY   |            |            |
| 39                            | 6081012        |     | TRUNCATED DOMES                                                         | 216    | SF   |            |            |
| 40                            | 6086004        | T   | CONCRETE SIDEWALK, 4 IN.                                                | 738.0  | SY   |            |            |
| 41                            | <609-10.10>    | T   | CONCRETE CURB, TYPE "S"                                                 | 20     | LF   |            |            |
| 42                            | <609-20.39>    | T   | STRUCTURAL CURB (INCLUDES BASE ROCK)                                    | 76     | LF   |            |            |
|                               |                |     |                                                                         |        |      |            |            |
|                               |                |     |                                                                         |        |      |            |            |
|                               |                |     | SUB-TOTAL                                                               |        |      |            |            |
|                               |                |     | FEDERALLY FUNDED TOTAL                                                  |        |      |            |            |

**BASE BID (CITY FUNDED)**

| SIGNAGE/STRIPING/SIGNALS |          |   |                                             |    |    |                  |
|--------------------------|----------|---|---------------------------------------------|----|----|------------------|
| 43                       | 90350048 | S | PAINTING/POWDER COATING/VINYL OF SIGN BACKS | 12 | EA |                  |
| 44                       | 9039902  | S | PAINTING/POWDER COATING/VINYL OF SIGN POSTS | 6  | EA |                  |
|                          |          |   |                                             |    |    |                  |
|                          |          |   |                                             |    |    | <b>SUB-TOTAL</b> |

**BASE BID - STORM SEWER WORK (CITY FUNDED)**

| ITEM NO.     | MSD/STL CO<br>BID ITEM |   | ITEM DESCRIPTION                             | QTY | UNIT | UNIT<br>PRICE | TOTAL<br>COST |
|--------------|------------------------|---|----------------------------------------------|-----|------|---------------|---------------|
| <b>SEWER</b> |                        |   |                                              |     |      |               |               |
| 45           | <600-99.98>            | R | SINGLE SUMP BRIDGE                           | 1   | EA   |               |               |
| 46           | <604-12.01>            | R | SINGLE CURB INLET, UNTRAPPED                 | 7   | EA   |               |               |
| 47           | <604-12.01A>           | R | SINGLE CURB INLET, UNTRAPPED (60" DIA. BASE) | 4   | EA   |               |               |
| 48           | <604-12.02>            | R | DOUBLE CURB INLET, UNTRAPPED                 | 1   | EA   |               |               |
| 49           | <604-30.21>            | R | ENCASEMENT FOR SANITARY SEWERS               | 10  | LF   |               |               |
| 50           | <726-70.12>            | R | 12" STORM SEWER PIPE (RCP)                   | 199 | LF   |               |               |
| 51           | <726-70.30>            | R | 30" STORM SEWER PIPE (RCP)                   | 69  | LF   |               |               |
| 52           | {70150000LCN624X}      | R | SEWER RE-CONNECTIONS 6" - 24" DIA            | 5   | EA   |               |               |
| 53           | {70150000LCN024X}      | R | SEWER RE-CONNECTIONS OVER 24" DIA.           | 5   | EA   |               |               |
|              |                        |   |                                              |     |      |               |               |
|              |                        |   | <b>CITY FUNDED SUB-TOTAL</b>                 |     |      |               |               |
|              |                        |   | <b>BASE BID TOTAL</b>                        |     |      |               |               |

**ADD ALTERNATE - STORM SEWER WORK (CITY FUNDED)**

| ITEM NO.     | MSD/STL CO<br>BID ITEM |   | ITEM DESCRIPTION                           | QTY | UNIT | UNIT<br>PRICE | TOTAL<br>COST |
|--------------|------------------------|---|--------------------------------------------|-----|------|---------------|---------------|
| <b>SEWER</b> |                        |   |                                            |     |      |               |               |
| 54           | <604-19.27>            | R | MANHOLE (60" DIA. BASE)                    | 1   | EA   |               |               |
| 55           | <726-70.15>            | R | 15" STORM SEWER PIPE (RCP)                 | 119 | LF   |               |               |
| 56           | <726-70.30>            | R | 30" STORM SEWER PIPE (RCP)                 | 378 | LF   |               |               |
| 57           | <732-00.15>            | R | 15" FLARED END SECTION (RCP)               | 1   | EA   |               |               |
| 58           | {70150000LCN624X}      | R | SEWER RE-CONNECTIONS 6" - 24" DIA          | 1   | EA   |               |               |
| 59           | {70150000LCN024X}      | R | SEWER RE-CONNECTIONS OVER 24" DIA.         | 1   | EA   |               |               |
|              |                        |   |                                            |     |      |               |               |
|              |                        |   | <b>CITY FUNDED ADD ALTERNATE SUB-TOTAL</b> |     |      |               |               |
|              |                        |   | <b>ADD ALTERNATE TOTAL</b>                 |     |      |               |               |

Note(s):

- XXXXXX - MoDOT line items
- <XXX-XX.XX> - St. Louis County (STL Co) Bid Item No.
- {XXXXXXXXXX} - Metropolitan Sewer District (MSD) Bid Item No.

# Non-Environmental 30 Days or Less Right of Entry Instructions & Guides



## **NON-ENVIRONMENTAL RIGHT OF ENTRY 30 DAYS OR LESS**

RailPros processes Right of Entry applications on behalf of Norfolk Southern Railway Company. All applications and correspondence must be submitted through the management portal at <https://ns.railprosspermitting.com>.

Paper submissions will not be accepted, and no verbal authorizations will be provided. Submission of an application does not guarantee project approval or a right of entry.

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*Entry onto Norfolk Southern right of way is prohibited and unlawful without a fully executed agreement signed by both the Licensee AND Norfolk Southern.*

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### **NON-ENVIRONMENTAL RIGHT OF ENTRY APPLICATION TYPES**

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**Application fees are non-refundable;** therefore, please ensure you have the correct application type before submittal. Non-Environmental agreements are granted for temporary, non-permanent uses of Norfolk Southern property up to 30 days of occupation not related to an existing facility such as a pipe or wireline. The most common projects are:

- **Bridge Inspections** over Norfolk Southern Railway
- **Topographical Surveys** on Norfolk Southern Right of Way
- **Paving/Resurfacing/Milling** on Norfolk Southern Right of Way
- **Geotechnical Borings** on Norfolk Southern Right of Way in preparation for construction projects (*Note: soil borings that include environmental testing may require an Environmental Right of Entry instead*).
- **Vegetation Management** on Norfolk Southern Right of Way including tree-trimming, tree removal, application of pre-approved herbicides, vegetation clearing
- **Access only to NS ROW** for equipment transport for work on privately owned adjacent property or demolition on private property
- **Bridge Painting or Mural Painting** on Norfolk Southern Right of Way

#### **DO NOT SUBMIT AN APPLICATION IF:**

- Your access is related to proposed or existing **UTILITY WORK**. Submit a Pipeline Occupancy or Wireline Occupancy application at <https://ns.railprosspermitting.com>.
- Your project involves **RAILWAY, BRIDGE OR ROAD CONSTRUCTION OR INSTALLATION OF NEW FACILITIES SUCH AS SIDEWALKS, STREET LIGHTS, CURB AND OTHER NEW INSTALLATIONS RELATING TO REHABILITATION AND GRADING**. These projects may require submittal to **Norfolk Southern's Public Projects** division *instead of a Non-Environmental Right of Entry*. Please visit this website for an overview of project types, submission criteria and instructions: [Public Projects | Norfolk Southern](#)

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## APPLICATION PROCESSING TIMELINE

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- Application processing requires NS management review and approval and may involve several departments. Please allow 4-6 weeks for processing.
- **AFTER** the fully executed agreement is received, instructions will be provided to submit your Protection Services Coordination request for flaggers and construction monitors (if required). Please note this is a separate process and not included in the processing timeframe.
- Expedited applications will be prioritized in the processing queue, but there are no guarantees that access will be granted. The expedite fee does not impact flagger availability or scheduling.

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## APPLICATION FEES

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| FEE SCHEDULE                                      |            |
|---------------------------------------------------|------------|
| *Non-Environmental Right of Entry Application Fee | \$1,600.00 |
| Expedited Application Fee ( <i>optional</i> )     | \$3,000.00 |
| Protection Services Coordination Fee              | \$700.00   |

\*Application fees are *non-refundable* and payment does not guarantee project approval.

\*If the application includes multiple locations, additional fees may apply.

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## APPLICATION REQUIREMENTS & PROCESS

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### **Project Drawings & Scope of Work**

As part of your application, you will be required to submit Project Drawings and a Scope of Work that provides an illustration of the proposed project. ***Please see Page 5 for requirements and examples.***

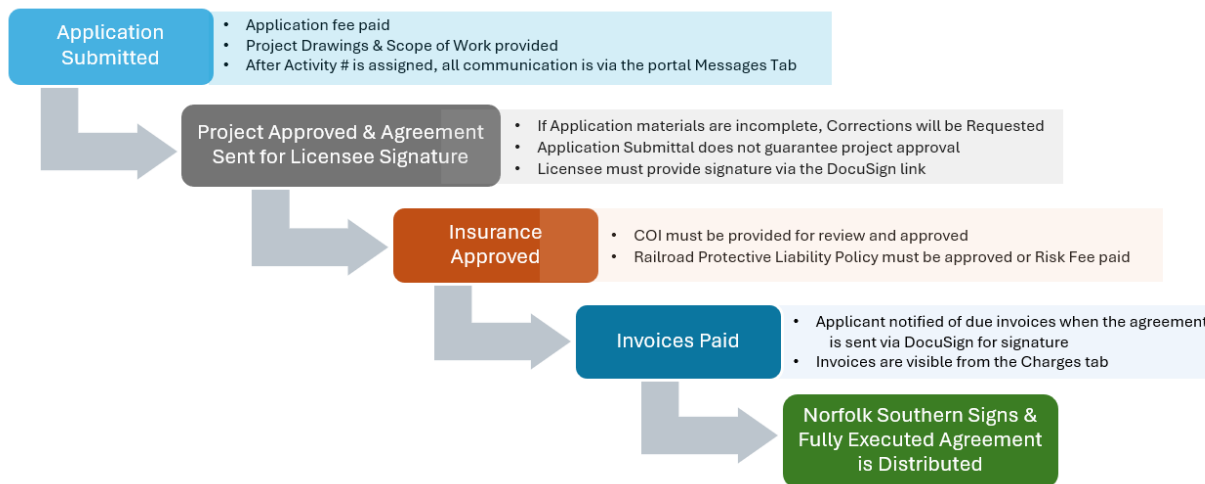
### **Insurance Requirements**

The NS insurance requirements will be defined in the right of entry agreement. In general, requirements will include:

- **Commercial General Liability Insurance** (*with a combined single limit of not less than \$2,000,000 per occurrence for injury to or death of persons and damage to or loss or destruction of property*).
- **Automobile Liability Insurance**
- **Worker's Compensation & Employer's Liability Insurance**
- **Railroad Protective Liability Insurance** (*If Licensee is unable to provide a Railroad Protective Liability policy from their broker for review and the project value is less than \$500,000, an NS Risk Financing Fee of \$1,950.00 may be paid to add the project to NS's Master Railroad Protective Policy. This will satisfy the railroad protective liability insurance requirement in its entirety for the project. Please select this option on the Documents tab upon submission of application.*)

The certificate must name as Certificate Holders, Norfolk Southern Corporation, Subsidiaries and Affiliates at 650 West Peachtree Street, Box 46, Atlanta, GA 30308 and endorsed to be Additional Insured to all applicable policies as required by written contract. All policies maintained in which Norfolk Southern Corporation, Subsidiaries and Affiliates have been endorsed as Additional Insured shall include a waiver of subrogation and shall be primary and non-contributory. All policies shall be endorsed to provide 30 days' notice of cancellation.

***Please see example Certificate of Liability Insurance on Page 4.***



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## NOTICE ON HAZARDOUS MATERIALS

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Norfolk Southern prohibits the following Certain Potentially Environmentally Damaging Operations on company property: Electronics, electrical transformer repair or reconditioning, blast furnaces, steel works, rolling or finishing mills, smelting and/or refining, wood treatment or tie plants, salvage operations, junk yards, scrap dealers, drum or barrel reconditioners, battery recycling, tire storage or recycling, waste disposal operations of any kind including landfills, surface impoundments, and waste piles, incinerators, sewage systems, electroplating operations, fuel blending, waste or used oil recycling or reclamation, explosives disposal, manufacturing or detonation, bulk oil storage or any facility requiring TSD hazardous waste permit or any hazardous waste transloading facility.

The foregoing list of prohibited activities on company property is not exclusive. All proposed leases, licenses, and permits will be carefully evaluated to determine if the proposed activities pose an unreasonable environmental risk.

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## QUESTIONS?

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Please Contact RailPros via Email or Phone:

**Email:** [NS.Permitting@RailPros.com](mailto:NS.Permitting@RailPros.com)

**Phone:** (402) 965-0539



## Certificate of Insurance Example

| <div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 1.2em; font-weight: bold;">SAMPLE</span> <span style="border: 1px solid black; padding: 2px 5px;">DATE (MM/DD/YYYY)</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------|--|---------------|--|-----------------------|----------------|-----------------|--|-------------------------------|--|------------|--------|------------|--|------------|--|------------|--|------------|--|------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| Insured<br>The Named Insured needs to match the Licensee identified on the agreement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |  |           |          | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>NAIC #</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> |                                                                                                                                 |                         |                                                                                                                      |  | CONTACT NAME: |  | PHONE (A/C, No, Ext): | FAX (A/C, No): | E-MAIL ADDRESS: |  | INSURER(S) AFFORDING COVERAGE |  | INSURER A: | NAIC # | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| CONTACT NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| PHONE (A/C, No, Ext):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FAX (A/C, No):                                                                                                                                                                                                                                                                                                                 |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| E-MAIL ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER A:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAIC #                                                                                                                                                                                                                                                                                                                         |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER B:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER C:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER D:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER E:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSURER F:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| <div style="display: flex; justify-content: space-between;"> <span><b>COVERAGES</b></span> <span><b>CERTIFICATE NUMBER:</b> 1156486253</span> <span><b>REVISION NUMBER:</b></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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.                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| INSR LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                              |  | ADDL INSD | SUBR WVD | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | POLICY EFF (MM/DD/YYYY)                                                                                                         | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                               |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> CLAIMS-MADE</span> <span><input checked="" type="checkbox"/> OCCUR</span> </div>                                                                               |  | Y         | Y        | ABC123456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                         | EACH OCCURRENCE    \$ <b>\$2,000,000</b> <span style="color: red;">Note 1</span><br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AUTOMOBILE LIABILITY                                                                                                                                                                                                                                                                                                           |  | Y         | Y        | 123456ABC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                         | COMBINED SINGLE LIMIT    \$ <b>\$1,000,000</b><br>\$<br>\$<br>\$<br>\$<br>\$<br>\$                                   |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><div style="display: flex; justify-content: space-between;"> <span>DED <input checked="" type="checkbox"/></span> <span>RETENTION \$</span> </div> |  | Y         | Y        | XYZ12345                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Note 1: Any portion of this requirement may be satisfied by a combination of General Liability and/or Excess/Umbrella Liability |                         | \$<br>\$<br>\$<br>\$<br>\$<br>\$                                                                                     |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><div style="display: flex; justify-content: space-between;"> <span>Y/N</span> <span>N/A</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                |  |           |          | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT    \$ <b>\$1,000,000</b><br>\$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| <b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b><br>Norfolk Southern Corporation, Subsidiaries, and Affiliates, as Certificate Holder has been endorsed to be additional insured to all applicable policies as required by written contract. All policies maintained and in which Norfolk Southern Corporation, Subsidiaries and Affiliates have been endorsed as additional insured shall include a waiver of subrogation and shall be primary and non-contributory. All policies have been endorsed to provide Norfolk Southern Corporation, Subsidiaries and Affiliates 30 days' notice of cancellation. |                                                                                                                                                                                                                                                                                                                                |  |           |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| <b>CERTIFICATE HOLDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |  |           |          | <b>CANCELLATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
| Norfolk Southern Corporation, Subsidiaries, and Affiliates<br>650 W Peachtree Street NW, Box 46<br>Atlanta GA 30308                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                |  |           |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                |  |           |          | AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                 |                         |                                                                                                                      |  |               |  |                       |                |                 |  |                               |  |            |        |            |  |            |  |            |  |            |  |            |  |

## **Project Drawings & Scope of Work**

### **Project Drawings and a Scope of Work are required as part of the application**

- Provide an aerial view of the project area and illustrate only the project area to occur on NS right of way with red lines or hatching. *This can be as simple as a google map screenshot that you markup.*
- Add the latitude & longitude coordinates of the project location(s) in decimal format. If area is more than a single crossing location, please include coordinates for the starting and ending location along railway.
- Mark the distance of project area limits from edge of track in feet.
- Add arrows to illustrate your proposed ingress/egress of how you will access the property and label it as "access route" or "ingress/egress".
- If heavy machinery or equipment is crossing the track, please add an arrow at the proposed crossing location and provide a label or note that states how you will protect the track and ballast.
- Include a text box or blurb that states: A) the proposed activity(s), B) the type(s) of equipment to be used, C) the number of people in the crew, D) and the number of days required on NS right of way to complete the proposed work.

***Please see examples on the following pages.***

## Access Only – *Project Drawing Example*



### **Scope of Work:**

ABC Company will be accessing NS ROW to park a vehicle to perform work on adjacent property. No equipment will cross the track.

**Equipment:** One truck, handheld survey equipment only

**Estimated Occupancy Time:** 1 Day

**Estimated Size of Crew:** 2

***ABC Company***

(Project Location) County  
(Project Location) Street  
(Project Location) City, State, Zip



## Bridge Inspection – Project Drawing Example



### **Scope of Work:**

ABC Company will perform a bridge inspection at DOT Crossing Number \*\*718044M/ Mitchell St. SW bridge with a truck mounted snooper from highway above tracks to access the underside of bridge and will walk across tracks to perform visual inspection of substructure of bridge

**Equipment:** 1 truck mounted Snooper truck

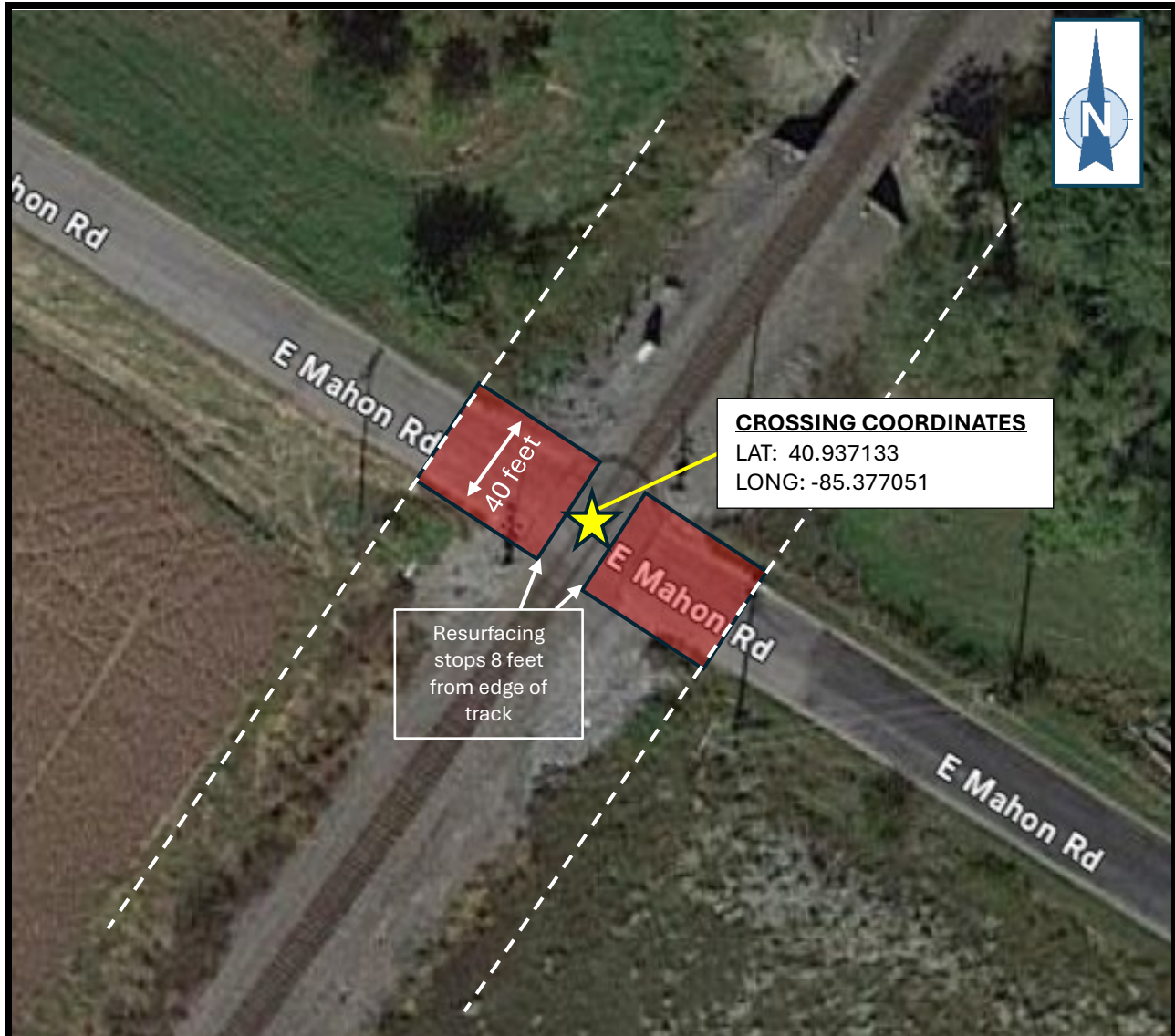
**Estimated Occupancy Time:** 1 Day

**Estimated Size of Crew:** 2

**ABC Company**

(Project Location) County  
(Project Location) Street  
(Project Location) City, State, Zip

## Paving/Resurfacing/Milling - Project Drawing Example



### **Scope of Work:**

ABC Company will perform asphalt resurfacing up to the existing aprons approximately 8 feet from edge of track on both sides at DOT Crossing \*#478259W  
(Note: there is no paving allowed within 1 foot of the track unless prior approval from NS has been acquired)

**Equipment:** Asphalt Paver and Rollers

**Estimated Occupancy Time:** 2 Days

**Estimated Size of Crew:** 3

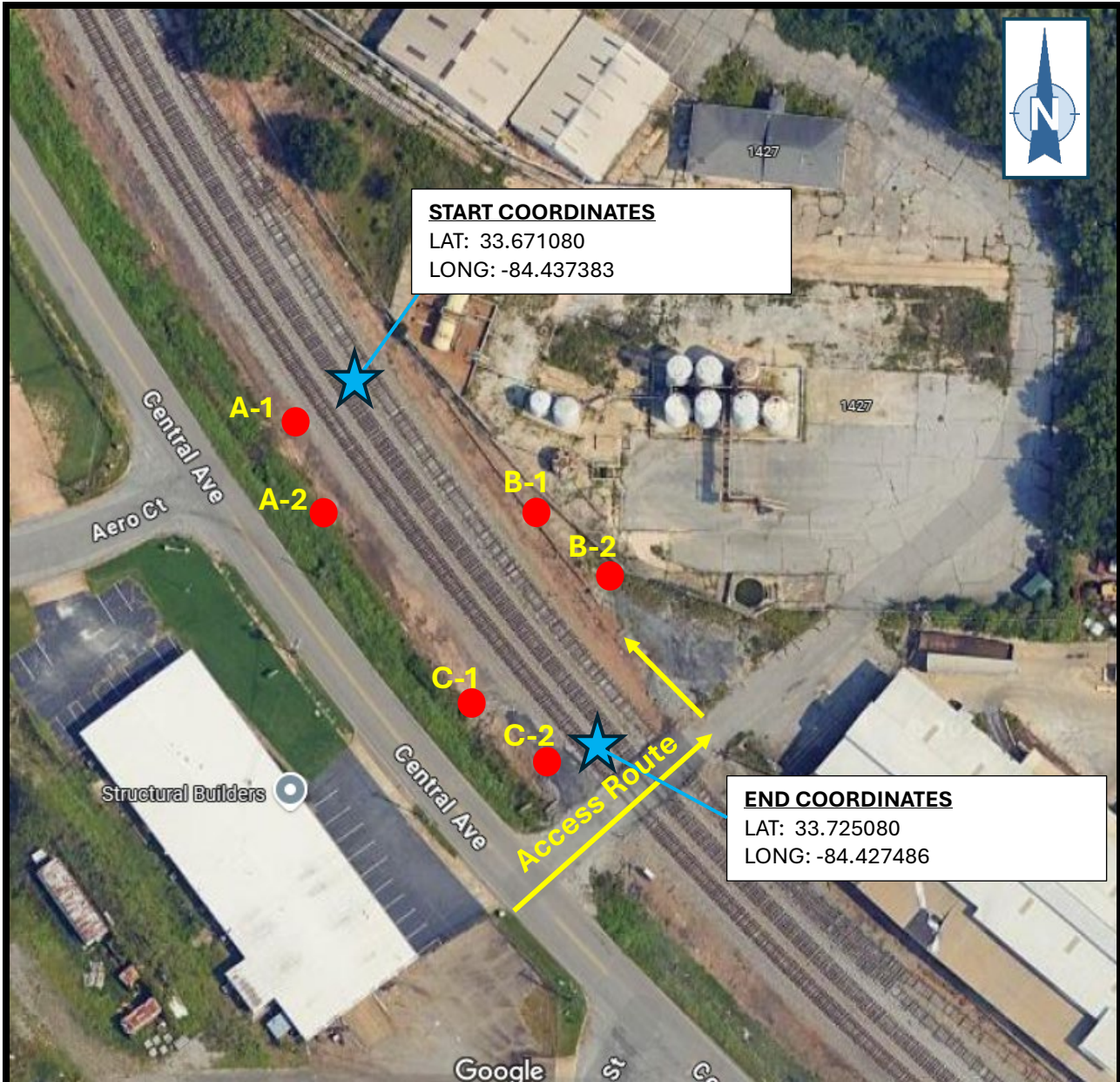
**ABC Company**

(Project Location) County  
(Project Location) Street  
(Project Location) City, State, Zip

\*To find the DOT #, please visit: <https://safetydata.fra.dot.gov/OfficeofSafety/PublicSite/Crossing/Crossing.aspx>



**Geotechnical Boring – Project Drawing Example (Page 1 of 2)**



**Scope of Work:**

ABC Company will be performing six (6) geotechnical borings in preparation for a future bridge project

**Equipment:** Truck, Auger Drill

**Estimated Occupancy Time:** 1 Day

**Estimated Size of Crew:** 3

**ABC Company**

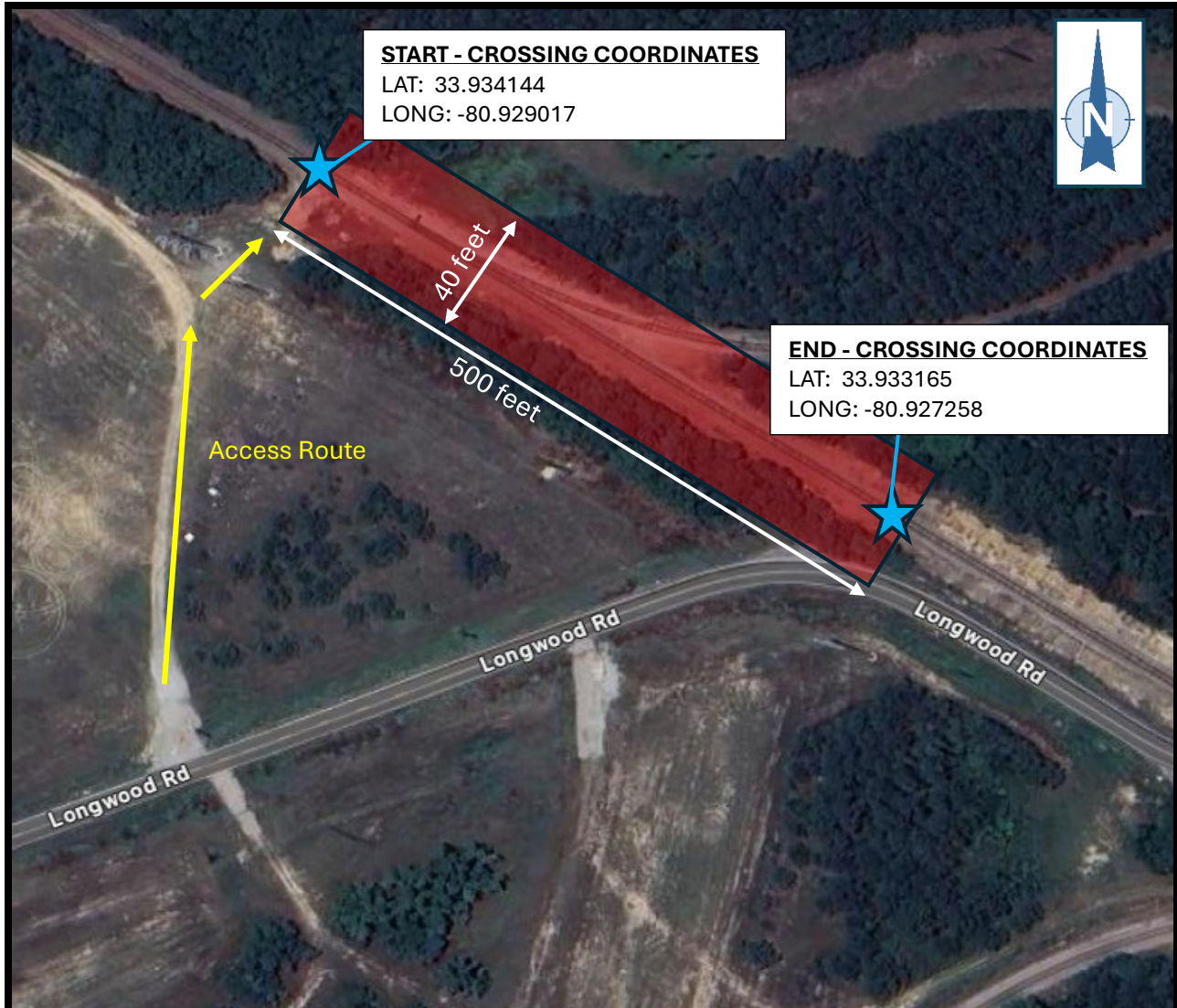
(Project Location) County  
(Project Location) (Street)  
(Project Location) City, State, Zip

**Geotechnical Boring – *Project Drawing Example (Page 2 of 2)***

**Geotechnical Boring Location Details – *(this must be included with the map/project drawing)***

| <b>Boring Location</b> | <b>Latitude</b> | <b>Longitude</b> | <b>Proposed Boring Depth</b> | <b>Approximate Boring Width</b> | <b>Distance from Edge of Railway</b> |
|------------------------|-----------------|------------------|------------------------------|---------------------------------|--------------------------------------|
| A-1                    | 33.670885       | -84.437327       | 20"                          | 18"                             | 12 ft                                |
| A-2                    | 33.670781       | -84.437304       | 24"                          | 18"                             | 24 ft                                |
| B-1                    | 33.670838       | -84.437063       | 30"                          | 12"                             | 21 ft                                |
| B-2                    | 33.670793       | -84.436966       | 30"                          | 12"                             | 30 ft                                |
| C-1                    | 33.670569       | -84.437130       | 24"                          | 18"                             | 20 ft                                |
| C-2                    | 33.670595       | -84.437079       | 30"                          | 18"                             | 18 ft                                |

## Topographical Survey – *Project Drawing Example*



### **Scope of Work:**

ABC Company will be performing a topographical survey and utility location in preparation for future pipeline project

**Equipment:** 1 truck, handheld survey equipment

**Estimated Occupancy Time:** 1 Day

**Estimated Size of Crew:** 2

**ABC Company**

(Project Location) County  
(Project Location) Street  
(Project Location) City, State, Zip



## Vegetation Clearing – *Project Drawing Example*



### **Scope of Work:**

ABC Company will be performing tree trimming and light vegetation clearing on both sides of track. Equipment will cross track at the public grade crossing.

**Equipment:** 1 Excavator and 1 Bulldozer

**Estimated Occupancy Time:** 5 Days

**Estimated Size of Crew:** 6

**ABC Company**

(Project Location) County  
(Project Location) Street  
(Project Location) City, State, Zip