

Certification of Liability Insurance For Established and Permitted Snowmobile Rail Crossings
 Form 8700-255 (R 10/02)

Notice: This form is authorized under ss. 350.138 and 139, Wis. Stats. Completion of this form is mandatory. Failure to submit a completed form and liability insurance certificate on an annual basis may result in the closure or removal of an established or permitted rail crossing. Personally identifiable information found on this form is not intended to be used for any other purpose.

An established rail crossing is a snowmobile rail crossing that has been used by snowmobiles or maintained by a snowmobile organization for use by snowmobiles for at least 5 winters or the last 10 years. An established snowmobile rail crossing does not require a permit under s. 350.138, Stats. However, if the crossing is not used or maintained for snowmobile use at least 5 winters in any 10 year period, a permit for the crossing is required by s. 350.138, Stats.

Important: Submit one copy of this certification along with a copy of the liability insurance certificate to the Department at the address listed above and to the appropriate rail authority agents. A listing of agents is available from the Department. Maintain a copy for your records.

Name of Snowmobile Club, Alliance or County

Contact Person

Last Name	First	MI	Business Telephone Number	Home Telephone Number
Address			City	State ZIP Code

Complete the following information for all snowmobile rail crossings covered by the liability insurance certificate. Attach additional sheets if necessary. Also forward a map showing the crossing locations. The map should have a scale of at least 1:150,000 (This is the scale used in the Wisconsin Atlas and Gazetteer).

1. Name of Railroad Authority Having Jurisdiction Over Trackage	Crossing Location:					
	¼ / ¼	¼	Section	Township	Range E / W	Milepost (if known)
Name of Operating Railroad If Different From Above	<input type="checkbox"/> Established Crossing <input type="checkbox"/> Permitted Crossing					DOT - AAR Crossing No.
2. Name of Railroad Authority Having Jurisdiction Over Trackage	Crossing Location:					
	¼ / ¼	¼	Section	Township	Range E / W	Milepost (if known)
Name of Operating Railroad If Different From Above	<input type="checkbox"/> Established Crossing <input type="checkbox"/> Permitted Crossing					DOT - AAR Crossing No.
3. Name of Railroad Authority Having Jurisdiction Over Trackage	Crossing Location:					
	¼ / ¼	¼	Section	Township	Range E / W	Milepost (if known)
Name of Operating Railroad If Different From Above	<input type="checkbox"/> Established Crossing <input type="checkbox"/> Permitted Crossing					DOT - AAR Crossing No.
4. Name of Railroad Authority Having Jurisdiction Over Trackage	Crossing Location:					
	¼ / ¼	¼	Section	Township	Range E / W	Milepost (if known)
Name of Operating Railroad If Different From Above	<input type="checkbox"/> Established Crossing <input type="checkbox"/> Permitted Crossing					DOT - AAR Crossing No.

Attach a copy of the liability insurance certificate. Please note:

At least \$2,000,000 in liability insurance is required. The liability insurance coverage shall indemnify the rail authority for damages resulting from the design, construction, maintenance, existence and use of the snowmobile rail crossing. Liability insurance indemnifying a rail authority that is a rail transit body shall also indemnify the owners and operators of any railroad using the tracks of the rail transit body. Note: A snowmobile organization need not provide liability insurance to indemnify the rail authority for injuries sustained by a person engaged in a recreational activity if the rail authority would be immune from liability for those injuries under s. 895.52. Wis. Stats.

Certification

I hereby certify that all the information contained herein is true and accurate. I understand the established rail crossing shall be maintained in compliance with NR 6.42, Wis. Adm. Code or the permitted crossing is in compliance with NR 6.44. I understand that failure to comply may result in the closure or removal of the established rail crossing. The Department has the right to inspect the rail crossing to monitor compliance with ss. 350.138 and 139, Wis. Stats., and ss. NR 6.42 through 6.44, Wis. Adm. Code.

Signature and Title of Authorized Representative of the Snowmobile Organization	Date Signed
---	-------------

Leave Blank - DNR Use Only	
Date of Receipt	Noted