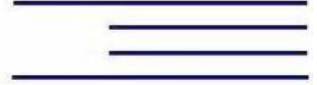
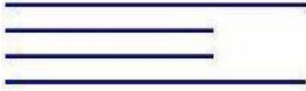


C.P.A. Insurance Company  
Established in 1907



P.O. Box 250010, West Bloomfield, Michigan 48325-0010

PLEASE COMPLETE, SIGN, AND RETURN AS SOON AS  
POSSIBLE

**Application for Reinstatement**

I hereby make application to CPA Insurance Company for reinstatement of CPA  
Policy No. \_\_\_\_\_.

I hereby certify that I am in good health and in good standing with my railroad  
company. At the present time, I have no demerit marks or days of suspension  
outstanding against my record except as stated below:

NUMBER OF DEMERIT MARKS \_\_\_\_\_ DATE ASSESSED \_\_\_\_\_

NUMBER OF SUSPENSION DAYS \_\_\_\_\_ DATE ASSESSED \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_