

Lift Controls & Procedures		
Do you have a formal pre-lift plan ?	Yes	No
Do you have a critical lift plan ?	Yes	No
What % of lifts exceed 80% of crane capacity ?		%
Are ground conditions evaluated prior to lifts?	Yes	No
Are weather conditions evaluated prior to lifts?	Yes	No

Equipment Ownership & Non-owned Equipment							
Do you own all cranes and rigging equipment used?				Yes	No		
If no, complete below:							
How often is non-owned equipment leased or rented for rigging?		Never	Rarely	Sometimes	Often	Always	
Is equipment leased without an operator?				Yes	No		
Describe leased or rented equipment used for rigging operations:							
Does your equipment have an alarm device detecting equipment?		Yes	No	Maximum load capacity?		Yes	No
Wind gusts exceeding safe limit?		Yes	No				

Operator Experience & Training	
Average years of experience – equipment operators:	Years
Minimum years required – equipment operators:	Years
Are operators NCCCO certified for equipment operated?	Yes No
% of operators with less than 5 years' experience:	%
Are operators assigned to the same crane whenever possible?	Yes No

Job Volume & Duration	
Estimated number of rigging jobs annually:	
Average duration of jobs:	

Job History/Work in Progress				
Provide one of the following:				
Option A - Largest Completed Jobs (Past 3 Years) Describe up to five largest jobs , including:				
Job Name	Description of Lift	Industry/Customer	Maximum Value on Hook	Gross Receipts
Option B – Attach Current WIP Report				
WIP attached				
Option C – Typical Industries/Customers Served				
Commercial Construction				
Industrial/Manufacturing				
Utilities				
Energy/Power				
Marine/Port Operations				
Other:				

Weather & Catastrophe Preparedness	
Describe procedures for:	
High wind conditions	
Severe storms/ CAT events	
Job shutdown criteria	
Securing equipment during adverse weather	

Pre-lift Plan	
Is a formal pre-lift plan required for all rigging operations?	Yes No
Attach a copy of the pre-lift plan used	Attached

Countrywide Fraud Warning Statements

For Utah applicants only: any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the american arbitration association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

Fraud Warning Statements

Arkansas applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California applicants: for your protection california law requires the following to appear on this form: any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado applicants: it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the colorado division of insurance within the department of regulatory agencies.

District of Columbia applicants: warning it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida applicants: any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii applicants: for your protection, hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey applicants: any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon applicants: any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact maybe violating state law.

Pennsylvania applicants: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia applicants: it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia applicants: any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signing this form does not bind the applicant firm or the company to complete the insurance. Application must be signed and dated by an owner, partner or officer of the applicant firm.

Applicant's Statement: I, being duly authorized, have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
(Kansas: This does not constitute a warranty).

Authorized Signature:

Title:

Print Name:

Date:

Producer's Signature:

Title:

Print Name:

Date:

License Identification Number or National Producer Number:

(Florida Producers must Provide License Identification Number)

First State Insurance Company
Hartford Accident and Indemnity Company
Hartford Casualty Insurance Company
Hartford Fire Insurance Company
Hartford Insurance Company of Illinois
Hartford Insurance Company of the Midwest
Hartford Insurance Company of the Southeast
Hartford Lloyd's Insurance Company
Hartford Underwriters Insurance Company
New England Insurance Company

New England Reinsurance Corporation
Nutmeg Insurance Company
Omni Indemnity Company
Omni Insurance Company
Pacific Insurance Company, Limited
Property and Casualty Insurance Company of Hartford
Sentinel Insurance Company, Ltd.
Trumbull Insurance Company
Twin City Fire Insurance Company

Please submit this proposal and appropriate materials to:
Marine.Services@thehartford.com

