Contractor's Equipment Coverage Application

Please attach a schedule of equipment and 5-year hard copy loss runs.

General Information

Name:	
Street Address:	
City:	State: Zip Code:
Agent Name:	Agency Code:
Producer Name:	Website Address:
Policy Period Effective Date:	Expiration Date:
Current Carrier:	Year business started:

Is The Hartford currently providing the applicant's casualty insurance coverage? ☐ Yes ☐ No
If yes, please provide the policy number:

What's the applicant's primary operation?

Has the applicant's Contractor's Equipment coverage ever been cancelled or non-renewed in the past 3 years? ☐ Yes ☐ No
(Missouri Applicants – Do not answer this question)

Has the applicant ever filed for bankruptcy? ☐ Yes ☐ No

Equipment Information (Please attach schedule of equipment.)

What's the total number of scheduled pieces of equipment?

What's the total scheduled value of all equipment?

What's the highest valued piece of equipment? (non-crane/non-asphalt plant)

What's the highest valued crane (if applicable)?

What's the highest valued asphalt plant (if applicable)?

Any underground exposures? ☐ Yes ☐ No **If Yes,** describe underground exposure:

If Yes, limit required: $

Any waterborne exposures? ☐ Yes ☐ No **If Yes,** describe waterborne exposure:

If Yes, limit required: $

Lease or rent equipment to others? ☐ Yes ☐ No **If Yes**, limit requested: $

Lease or rent equipment from others? ☐ Yes ☐ No **If Yes**, limit requested: $

Lease and rented annual expenditures:

Employee tools limit:

Are tools taken home with employee? ☐ Yes ☐ No

Miscellaneous unscheduled equipment limit:

Current deductible: ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ $25,000 ☐ Other

Equipment Yard and Storage

What territory/radius is equipment primarily used in?	
Location address of equipment yard:	
Maximum value at yard at any one time:	
Equipment yard: ☐ Lighted ☐ Fenced ☐ Have security	

Risk Control (Check all that apply)

Management	
Third-party carrier for hire hauls applicant's equipment and is contractually liable while in CCC?	☐ Yes ☐ No ☐ Unknown
Full-time risk manager on staff?	☐ Yes ☐ No ☐ Unknown
Average years of employee experience is 5 years or greater?	☐ Yes ☐ No ☐ Unknown
Criminal background checks?	☐ Yes ☐ No ☐ Unknown
Drug testing?	☐ Yes ☐ No ☐ Unknown
MVRs?	☐ Yes ☐ No ☐ Unknown
Formal operator training program in place?	☐ Yes ☐ No ☐ Unknown
Security Loss Controls	
Equipment has LoJack/GPS theft tracking installed on all high valued equipment?	☐ Yes ☐ No ☐ Unknown
Job sites are fully fenced and well lit?	☐ Yes ☐ No ☐ Unknown
Kill switches utilized on equipment when not in use?	☐ Yes ☐ No ☐ Unknown
Cameras and/or CCTV utilized at job sites?	☐ Yes ☐ No ☐ Unknown
Hired security guards on-site during non-working hours?	☐ Yes ☐ No ☐ Unknown
Operations Project Management	
Formal CAT contingency plan in force?	☐ Yes ☐ No ☐ Unknown
Equipment is stored on high ground when not in use? Formal requirements in place?	☐ Yes ☐ No ☐ Unknown
Fire extinguishers installed on all large equipment?	☐ Yes ☐ No ☐ Unknown
Maintenance	
Hired mechanics on staff?	☐ Yes ☐ No ☐ Unknown
Formal maintenance schedule applies per manufacturer's specs?	☐ Yes ☐ No ☐ Unknown
Cranes (if applicable)	
Do only NCCCO (or equivalent) certified employees operate cranes?	☐ Yes ☐ No ☐ Unknown
Are tandem lifts performed?	☐ Yes ☐ No ☐ Unknown
If leased operators are hired, is liability transferred contractually to the leased operator?	☐ Yes ☐ No ☐ Unknown
Are formal written lift procedures monitored by on-site foreman?	☐ Yes ☐ No ☐ Unknown
Are cranes equipped with telematics to monitor lift hazards?	☐ Yes ☐ No ☐ Unknown
Are any booms over 150 feet?	☐ Yes ☐ No ☐ Unknown
Are cranes barge mounted (waterborne coverage)?	☐ Yes ☐ No ☐ Unknown
Frequency of over-the-road use:	☐ None ☐ Incidental ☐ Semi-often ☐ Often
Asphalt Plants (if applicable)	
Is there a fire suppression system installed?	☐ Yes ☐ No ☐ Unknown
Is equipment grounded for lightning strikes?	☐ Yes ☐ No ☐ Unknown
Is the plant continuously monitored when in use?	☐ Yes ☐ No ☐ Unknown
Are there hired security guards on-site during non-working hours?	☐ Yes ☐ No ☐ Unknown
Is the site fully fenced?	☐ Yes ☐ No ☐ Unknown

Description	Limit of Insurance	Revised Limit of Insurance (If applicable)
Claim Expenses:	$25,000	$
Continuing Rental or Lease Charges:	$25,000	$
Contract Penalties:	$25,000	$
Debris Removal and Recycling Expense:	25% of the amount we pay for "loss" to Covered Property	Not Applicable
Additional Amount:	$25,000	$
Employee Tools and Clothing:	$5,000 per occurrence/ $1,000 per employee	$
Errors and Omissions:	$25,000	$
Expediting Expense:	$25,000	$
Fire Department Service Charge:	$25,000	$
Fire Device Recharge:	$25,000	$
Hauling Equipment of Others:	$50,000	$
Job Site Trailers Including Business Personal Property:	$25,000	$
Pollutants and Contaminants Cleanup and Removal:	$25,000 per each separate 12-month period $10,000 per occurrence	$
Preservation of Property:	$10,000	$
Protection of Property:	$10,000	$
Rental Expense: A waiting period of 72 hours applies unless otherwise stated here:	$25,000 per each separate 12-month period $10,000 per occurrence $5,000 per item	$
Reward Coverage:	$5,000	$
Spare Parts and Fuel:	$10,000	$
Temporary Construction Forms, Falsework and Shoring:	$10,000	$

Loss History (Please attach a 5-year hard copy of loss runs.)

Effective Date	Expiration Date	Exposure Amount	Annual Premium	# of Losses	Total Loss $ Amount	Prior Year Deductible

Are there any prior exposures that no longer exist? (**If Yes**, please describe) ☐ Yes ☐ No

Arbitration Statement

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 judgment 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

The Hartford