



WELDING SUPPLEMENT

(Include Acord application)

Applicant's Name _____ Location Address: _____
Mailing Address _____

Description of Operations: _____

List five most recent jobs: _____

Annual payroll: \$ _____ Annual gross sales: \$ _____ (must be under \$500,000 to be eligible for program)

Any claims? Yes No If yes, please describe: _____

Insured does: Brazing Types: _____ Resistance welding Types: _____
 Solid welding Types: _____ Gas welding Types: _____
 Arc (Electric) welding Types: _____

Does insured specialize in any particular type of welding operation? Yes No
If yes, please describe: _____

Indicate percentage of operations: New Work _____% Repairs _____% Other _____%

Years in business: _____ Years of experience: _____

Type of clients: Commercial Residential Industrial Other (describe) _____

Percentage of work on the insured premises _____% Percentage of work off premises _____%
If off premises, where? _____

Does the Insured use a permit system? Yes No Hot work permits obtained? Yes No

If gas is used, how is it transported and stored? _____

Does insured use subcontractors? Yes No If yes, type of work performed: _____
Approximate annual cost: \$ _____ Are certificates of insurance required? Yes No

Number of employees who are welders: _____ Any part-time? Yes No Are they certified? Yes No

Is insured certified? AWS ASME Not certified

Do you work on any of the following? (If yes, please explain in detail below)

- | | | | |
|--|--|-----------------------------|--|
| Live natural gas lines? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Within refineries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drilling derricks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any over-the-hole welding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operating crude or paraffin oil lines? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any grain elevator welding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trailer hitches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any off-shore welding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Auto or truck work? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Any existing (not new construction) oil or gas lines? Yes No

Any structural welding (i.e., bridge construction, high rise buildings)? Yes No

Any work on cranes, conveyors, or hydraulics? Yes No

Work in or around areas with explosives or pollutants? Yes No

Are all lines purged and flushed before welding? Yes No

Details: _____

Any work on stairs or catwalks? Yes No If yes, height: _____

Any work on railings? Yes No If yes, height: _____

Details: _____

Describe your three largest projects currently underway or planned for the next year, including values:

Value	Description
\$	
\$	
\$	

Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature

Producer's Signature

Date