

WELDING SUPPLEMENT
(Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____

Fax: _____

1) Description of Operations: _____

2) Is welding incidental to other operations? If yes please describe? _____

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

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

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

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

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

8) Years in business: _____ Years of experience: _____

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

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

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

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

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

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

15) Is insured certified? AWS ASME Not certified

16) 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		

- 17) Any existing (not new construction) oil or gas lines? Yes No
- 18) Any structural welding (i.e., bridge construction, high rise buildings)? Yes No
- 19) Any work on cranes, conveyors, or hydraulics? Yes No
- 20) Work in or around areas with explosives or pollutants? Yes No
- 21) Are all lines purged and flushed before welding?
Details: _____ Yes No

- 22) Any work on stairs or catwalks? Yes No If yes, height: _____
- 23) Any work on railings?
Details: _____ Yes No If yes, height: _____

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

Value	Description
\$	
\$	
\$	

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

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

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

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

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____