

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 Email:

Welding Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (S308 or Equivalent)
 All questions must be answered in full. Application must be signed and dated by the applicant.
 If additional space is needed to answer any question, attach a separate detailed narrative description.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture LLC Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. Indicate percentage of total operations for each type of welding/brazing/soldering process performed:

Type of Process	Percent
Arc Welding	%
Brazing	%
Electron Beam Welding	%
Electroslag Welding	%
Gas Welding	%
Induction Welding	%

Type of Process	Percent
Laser Beam Welding	%
Resistance Welding	%
Soldering	%
Solid State Welding	%
Thermal Welding	%
Other (Describe below)	%

Describe "Other" processes:

2. Contractor's License #: _____ State(s): _____

3. Is applicant bonded? Yes No

4. Indicate what percentage of work is on or off premises.
 On premises _____% Off premises _____%

5. Number of employees performing welding/brazing duties:
 a. Certified only by American Welding Society (AWS):
 b. Certified only by American Society of Mechanical Engineers (ASME):
 c. Certified by both AWS and ASME:
 d. Not certified by either AWS or ASME:

6. If work is performed by non-certified persons, is work inspected and approved by a certified welder? Yes No
 If not, explain:

7. Indicate percentage of annual receipts for each type of work performed:

Type of Work	Percentage
Aircraft/Aviation/Aeronautics/Aerospace	%
Aluminum Containers	%
Amusement Devices* – mechanical	%
Amusement Rides	%
Any Operations In, On, Over or Under Water	%
Automobile/Truck/Bus:	
Accessories, Bins, Racks	%
Bumpers, Trailer Hitches	%
Frame, Chassis or Axle Work	%
Roll Bars or Safety Cages	%
Other* (Describe below)	%
Bleachers:	
Permanent	%
Portable	%
Bridges	%
Building Construction (Structural)	
One to Three Stories	%
Over Three Stories	%
Caisson or Cofferdam Work	%
Chemical or Petrochemical Plants	%
Contractors Equipment*	%
Conveyor Systems:	
Used in Mining	%
Other than Mining	%
Cranes	%
Custom-built Trailers	%
Cutting of Scrap for Salvage or Recycling	%
Demolition Operations	%
Fabrication	%
Farm Equipment*	%
Fences or Gates	%
Forklift or Lift Truck Repair	%
Furniture	%
Grain Bins, Silos, Elevators or Feed Mills	%
Guardrail Erection or Repair	%
Hoists	%
Ladders	%
Large Equipment*	%
“Live Line” Process Piping	%
Logging Equipment	%

Type of Work	Percentage
Machinery or Equipment*	%
Manufacturing*	%
Metal Erection:	
Balconies or Handrails	%
Catwalks	%
Decorative or Artistic	%
Staircases	%
Structural	%
Nonstructural	%
Outside Iron Work - Frame Structures	%
Standpipes, Water Towers or Silos	%
Nuclear Power Generation Plants	%
Off Shore Work*	%
Oil or Gas Work:	
Over-The-Hole	%
Drilling Derricks or Rigs	%
Gas Tanks, Lines or Pipes	%
Refineries	%
Petrochemical Plants	%
Playground Equipment	%
Pipeline or Process Piping:	
Chemical (Non-Petrochemical)	%
Gas (LPG, Natural, etc.)	%
Food or Beverage Processing	%
Gasoline or Oil	%
Water	%
Other* (Describe below)	%
Pressure Vessels	
Boilers	%
Oxygen Cylinders	%
Steam Pipes	%
Welding Gas Cylinders	%
Other* (Describe below)	%
Railroad Work	%
Recreational Vehicles	
ATVs	%
Go-Karts	%
Snowmobiles	%
Motorized Trailers	%
Travel Trailers	%
Other* (Describe below)	%

7. Indicate percentage of annual receipts for each type of work performed (continued):

Type of Work	Percentage
Refineries	%
Scaffolding/ Catwalks	%
Security Doors	%
Ship, Boat or Yacht Building	%
Tanks:	
Pressurized	%
Non-Pressurized	%

Type of Work	Percentage
Towers	
100 ft. in height and under	%
Greater than 100 ft. in height	%
Trailer Hitch Manufacturing, or Fabricating	%
Window Bars or Guards	%
Other* (Describe below)	%

Describe "Other" work and explain in detail any operation indicated by an asterisk (*) above:

8. Total annual:
- a. Payroll \$
 - b. Receipts: \$
 - c. Subcontracted Costs: \$

9. What is the end-use of items being welded (industries used in, specific customers, end result, exposure)?

10. Does the applicant fabricate or manufacture any products? Yes No
- If yes:
- a. Is it being done per customer's specifications? Yes No
 - b. Does applicant do the design work? Yes No
 - c. Does applicant receive sign-off on drawings and specifications? Yes No
 - d. Describe the types of products fabricated or manufactured:

11. Are fire extinguishers and first aid kits provided at all job sites? Yes No

12. Describe site preparation procedures taken to prevent fire losses and injuries to others:

13. Is any work done on existing oil or gas lines? Yes No
- If yes:
- a. Are all lines purged and flushed prior to welding? Yes No
 - b. Are the lines ever pressurized during the work process? Yes No

UNDERWRITING INFORMATION (Continued)

- 14. Does applicant rent welding equipment or supplies to others? Yes No
If yes, what are the annual gross receipts? \$ _____
- 15. Does the applicant repair welding equipment for others? Yes No
If yes, are you factory authorized for such repairs? Yes No
- 16. Does applicant:
 - a. Operate a machine shop? Yes No
 - b. Perform any demolition work? Yes No
 - c. Do any metal heat processing? Yes No
 - d. Operate a welding supply store? Yes No
- 17. Is applicant a distributor or manufacturer of welding supplies or equipment? Yes No
- 18. How are welding tanks secured?

- 19. Does applicant have any bulk storage tanks or perform their own mixing operations? Yes No
- 20. Does applicant sell welding rods (wholesale or retail)? Yes No
- 21. Does applicant offer rental, sales, service, filling or refilling of gas cylinders? Yes No
If yes, what are the annual gross receipts? \$ _____
- 22. Does the applicant subcontract work to others? Yes No
If yes:
 - a. Does applicant obtain proof of insurance from subcontractors? Yes No
 - b. Is the applicant named as additional insured on the subcontractors policy? Yes No
 - c. Describe types of work subcontracted:

- 23. Does applicant have any of the following types of machinery?
 - a. Conveyors? Yes No
 - b. Cranes? Yes No
 - c. Forklifts? Yes No
 - d. Farm Equipment? Yes NoIf yes, described how they are used:

- 24. Does applicant or subcontractor use explosives? Yes No
- 25. Contractual Agreements:
 - a. Does the applicant use a standard client contract, which outlines applicant's specific responsibilities? Yes No
 - b. Do others hold applicant harmless? Yes No
If yes, explain:
 - c. Does applicant agree to hold any third party harmless? Yes No
If yes, explain:
 - d. Does applicant assume, by contractor or verbally, responsibility for any injury or damage that may occur? Yes No
If yes, explain:
- 26. Attach:
 - a. Any descriptive advertising literature.
 - b. Copy of applicants' standard contract with customers and subcontractors.
 - c. Copies of all agreements in which the applicant has assumed liability.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

Colorado: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

Florida: 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: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maine, Tennessee, Virginia, Washington: 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.

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

New Jersey: 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: 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: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Producer's Signature

Date

Applicant's Signature

Date