

## WELDING OPERATIONS SUPPLEMENTAL APPLICATION

COMPLETE IN ADDITION TO ACORD APPLICATIONS.

ATTACH ADDITIONAL SHEETS AS NECESSARY.

ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

### APPLICANT'S INFORMATION

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS (if different): \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

BUSINESS LOCATION ADDRESS: \_\_\_\_\_

### GENERAL INFORMATION

- 1) Has applicant had previous insurance for this enterprise? Yes  No   
If yes, provide the following information:

Insurance company	Policy period	Limits of insurance	Premium	Occurrence or claims made

- 2) Is applicant engaged in, owned by, associated with or involved in any other enterprise? Yes  No   
(Please provide full details.)

- 3) Provide details of licenses and certifications held: \_\_\_\_\_

- 4) During the past (3) three years, have any claims been presented to any current or prior insurance carrier? (If yes, provide details including description of claim.) Yes  No



5) Is the applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim? (If yes, give full details.) \_\_\_\_\_ Yes  No

6) Has applicant, or any other person for whom coverage is being requested, had any liability application denied, policy cancelled or policy not renewed in past (3) three years? (If yes, give full details.) Yes  No

7) Has the applicant, or any other person for whom coverage is being requested, ever been fined, or cited for performing unsafe work? (If yes, give full details.) Yes  No

8) How many years of experience have you had in the welding business? \_\_\_\_\_ years

9) Do you have standard contract that you use for all projects and work? (If yes, please furnish a copy.) Yes  No

10) What type of welding/brazing/soldering processes are performed? Provide percentage of total operations for each type performed:

Type of process	%
Brazing	
Arc welding	
Gas welding	
Electron beam welding	
Electro slag welding	
Induction welding	

Type of process	%
Laser beam welding	
Resistance welding	
Soldering	
Solid state welding	
Thermite welding	
Other (describe below)	

Describe "other" process: \_\_\_\_\_

11) Percentage of operations performed: In shop \_\_\_\_\_% Off site/mobile \_\_\_\_\_%

- a) Total number of employees performing welding / brazing duties. \_\_\_\_\_
- b) Number of employees certified only by American Welding Society \_\_\_\_\_
- c) Number of employees certified only by American Society of Mechanical Engineers \_\_\_\_\_
- d) Number of employees that are not certified by either of the above \_\_\_\_\_
- e) If work is performed by non-certified person, is work inspected and approved by a certified welder? Yes  No

12) Work performed is: \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial

13) Does your company specialize in a certain industry or certain type of welding? Yes  No   
If Yes, describe: \_\_\_\_\_



14) Off Site/Mobile operations:  
 Are fire extinguishers and first aid kit taken to each job site? Yes  No   
 Describe site preparation procedures taken to prevent fire losses or injury to others: \_\_\_\_\_

15) Indicate percentage of welding work, if any, done on the following. Provide percentage of annual receipts for each type of work.

Type of Work	%
Aircraft/Aerospace	
Aluminum Containers	
Automobile/Truck/Bus:	
Accessories, bins, racks	
Bumpers, trailer hitches	
Frame and/or Axle work	
Roll bars or safety cages	
Other* (Describe below)	
Boilers	
Bridges	
Building Construction (Structural):	
One or Two Story	
Three to Five Story	
Over Five Story	
Contractors Equipment*	
Conveyor Systems	
Cutting of scrap for salvage or recycling	
Elevators or Feed Mills	
Farm Equipment*	
Fence/Gate	
Forklift/Lift truck Repair	
Furniture	
Guardrail Erection/Repair	
Logging Equipment	
Industrial Machinery/Equipment*	

Type of Work	%
Metal Erection:	
Decorative or Artistic	
Nonstructural	
Standpipes, water towers, silos	
Balconies, handrails or stairway	
Off shore work*	
Oil field work*	
Oil field work-over the hole	
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	
Gas (LPG, Natural, etc.)	
Food/Beverage Processing	
Gasoline/Oil	
Water	
Other * (Describe below)	
Pressure Vessels (not tanks)	
Railroad Tracks	
Railroad Cars	
Refinery, chemical or petrochemical work	
Security Doors	
Shipbuilding	
Tanks:	
Pressurized	
Non-pressurized	
Window Bars/Guards	
Other* (Describe below)	

Describe "other" work and explain in detail any operation indicated by \* above. \_\_\_\_\_

- 16) Any work done on existing oil or gas Lines? Yes  No   
 If Yes, are all lines purged and flushed prior to welding? Yes  No   
 Are the lines ever pressurized during the work process? Yes  No
- 17) Does the applicant rent welding equipment or supplies to others? Yes  No   
 If Yes, annual receipts: \$ \_\_\_\_\_
- 18) Does the applicant repair welding equipment for others? Yes  No   
 If Yes, are you factory authorized for such repairs? Yes  No



19) Does the applicant offer rental, sales, service or filling or refilling of gas cylinders? Yes  No   
If Yes, annual receipts: \$ \_\_\_\_\_

20) Does the applicant build or manufacture a finished product? Yes  No   
If Yes, describe type of products manufactured. \_\_\_\_\_  
\_\_\_\_\_

### HOLD HARMLESS AGREEMENTS

1) Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant? (Attach copy.) Yes  No

2) Do others hold applicant harmless? Yes  No

3) Does applicant agree to hold any third party harmless? Yes  No

4) Does applicant assume, by contract or verbally, responsibility for any injury or damage or damage that may occur? Yes  No

5) Does applicant have Workers' Compensation coverage in force? Yes  No

6) Does applicant lease employees? Yes  No

7) Does the applicant have a website? Yes  No

If Yes, provide website address: \_\_\_\_\_

### FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**NOTICE TO 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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO 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.

**NOTICE TO 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.



**NOTICE TO 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.

**NOTICE TO 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 denial of insurance benefits.

**NOTICE TO 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.

**NOTICE TO 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.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud an 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 \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO 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 a 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 the person to criminal and civil penalties.

**NOTICE TO 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.

**NOTICE TO 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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.**

**Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.**

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

