

Supplemental Application – Welding, Brazing and Cutting (Complete in addition to ACORD Application)

1. Named Insured: _____
2. What type of welding / brazing / soldering processes are performed? Provide percentage of total operations for each type performed:

Type of Process	%	Type of Process	%
Brazing		Laser Beam Welding	
Arc Welding		Resistance Welding	
Gas Welding		Soldering	
Electron Beam Welding		Solid State Welding	
Electroslag Welding		Thermit Welding	
Induction Welding		Other (Describe below)	

Describe "Other" process - _____

3. Percentage of operations performed: In Shop _____% Off Site/Mobile _____%
4. Total number of employees performing welding / brazing duties. _____
 # of employees certified only by American Welding Society _____
 # of employees certified only by American Society of Mechanical Engineers _____
 # of employees certified by both AWS and ASME _____
 # of employees that are not certified by either of the above _____
5. If work is performed by a non-certified person, is work inspected and approved by a certified welder? Yes No
6. Total annual Payroll \$_____ Total annual Receipts \$_____
 Total annual Subcontracted Costs \$_____
7. Work performed is: _____% Residential _____% Commercial _____% Industrial
8. Does your company specialize in a certain industry or certain type of welding?
 Yes No If Yes, describe. _____
9. 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.

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

Type of Work	%	Type of Work	%
Aircraft/Aerospace		Metal Erection:	
Aluminum Containers		Decorative or Artistic	
Automobile/Truck/Bus:		Nonstructural	
Accessories, bins, racks		Standpipes, watertowers, silos	
Bumpers, trailer hitches		Oil field work*	
Frame and/or Axle work		Oil field work-over the hole	
Roll bars or safety cages		Pipeline/Process Piping:	
Other*		Chemical (Non-Petrochem)	
Boilers		Gas (LPG, Natural, etc.)	
Bridges		Food/Beverage Processing	
Building Const.(Structural)		Gasoline/Oil	
One to Two Story		Water	
Three to Five Story		Pressure Vessels (not tanks)	
Over Five Story		Railroad Tracks	
Contractors Equipment*		Railroad Cars	
Conveyor Systems		Refinery work	
Farm Equipment*		Security Doors	
Fence/Gate		Shipbuilding	
Forklift/Lift truck Repair		Tanks:	
Furniture		Pressurized	
Guardrail Erection/Repair		Non-pressurized	
Logging Equipment		Window Bars/Guards	
Industrial Mach/Equipment *		Other* (Describe below)	

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

11. Does the applicant subcontract work to others? Yes No If Yes, describe type of subcontracted. _____

12. Any work done on existing Oil or Gas Lines? Yes No If Yes, are all lines purged and flushed prior to welding? Yes No

13. Does the applicant rent welding equipment or supplies to others? Yes No

14. Does the applicant repair welding equipment for others? Yes No If Yes, are you factory authorized for such repairs? Yes No

15. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?
 Yes No

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

17. Hold-harmless Agreements:

Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant? Yes No

Do others hold applicant harmless? Yes No

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

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

18. Does applicant have Workers' Compensation coverage in force? Yes No
Does applicant lease employees? Yes No

19. Does applicant have Professional Liability coverage in force? Yes No

21. Does the applicant have a Web site? Yes No
If Yes, provide web site address: _____

22. Attach (A) Any descriptive advertising literature; (B) Copy of applicants' standard contract with clients; (C) Copies of all agreements in which the applicant has assumed liability; (D) Separate detailed narrative descriptions as required.

Contact Person: _____

Phone Number: _____

Insured's Signature

Date

Agent Name: _____

Agency Name: _____

Email Address: _____

Phone Number: _____

Please select your underwriter from the dropdown: