

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, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, 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:

NOTICE: In some states, any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

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.

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

District of Columbia

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.

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.

Idaho

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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 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.

Minnesota

Any person who files a claim with intent to defraud or help commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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.

Ohio

Any person who, with intent to defraud or knowing that he 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.

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. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

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 subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date