



WELDING SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____

Mailing Address: _____

Location Address: _____

Website Address: _____ Phone: _____ Fax: _____

Policy Number: _____

1. Provide description of operations: _____

2. Is welding incidental to other operations? Yes No
If yes, provide details: _____

3. Years in business at current location: _____ Years of experience in field: _____

4. List states applicant will be operating in: _____

5. Annual payroll: \$ _____ Annual gross sales: \$ _____

6. Applicant operations (X all applicable):

- Arc (Electric) Welding Gas Welding Solid Welding
- Brazing Resistance Welding

Describe welding practices: _____

7. Does applicant specialize in any particular type of welding operation? Yes No
If yes, provide details: _____

8. Percentage of operations: New Work: ____% Repairs: ____% Other (describe): _____ %

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

10. Percentage of work: On the insured premises: ____% Off the insured premises: ____%

11. Does the applicant use a permit system? Yes No

12. Are hot work permits obtained? Yes No

13. Estimated annual: Payroll (excl. owner) \$ _____ Receipts: \$ _____ Sub Costs: \$ _____

14. Does applicant use subcontractors? (If yes, answer a. through d. below) Yes No

a. Type of work performed: _____

b. Approximate Annual Cost: \$ _____

c. Do you obtain certificates of insurance from all subcontractors? Yes No

If yes, minimum limits required: _____

d. Are you added as an additional insured on the subcontractors' policies?

15. Are welders certified? Yes No

If no, provide details: _____

16. Applicant certification: AWS ASME Not certified

17. Applicant work (X all applicable):

- Auto or truck work Live natural gas lines Over-the-hole welding
- Drilling Derricks Off-shore welding Trailer hitches
- Grain elevator welding Operating crude or paraffin oil lines Within refineries

Provide details: _____

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

Provide details: _____

23. Any work on stairs or catwalks? Yes No
24. Any work on railings? Yes No

Provide details: _____

25. List three largest current or planned projects:

Customer Name & Project Description	Project Cost	Duration of Project

26. List four largest projects in last five years:

Customer Name & Project Description	Project Cost	Duration of Project

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.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

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 may be guilty of a crime and may be subject to fines or confinement in prison.

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 policyholder 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.

