



**WELDING SUPPLEMENT**  
(Include Acord application)

Applicant's Name \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Description of Operations: \_\_\_\_\_  
\_\_\_\_\_

List five most recent jobs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual payroll: \$ \_\_\_\_\_ Annual gross sales: \$ \_\_\_\_\_ (must be under \$500,000 to be eligible for program)

Any claims?  Yes  No If yes, please describe: \_\_\_\_\_

Insured does:  Brazing Types: \_\_\_\_\_  Resistance welding Types: \_\_\_\_\_  
 Solid welding Types: \_\_\_\_\_  Gas welding Types: \_\_\_\_\_  
 Arc (Electric) welding Types: \_\_\_\_\_

Does insured specialize in any particular type of welding operation?  Yes  No  
If yes, please describe: \_\_\_\_\_

Indicate percentage of operations: New Work \_\_\_\_\_% Repairs \_\_\_\_\_% Other \_\_\_\_\_%

Years in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Type of clients:  Commercial  Residential  Industrial  Other (describe) \_\_\_\_\_

Percentage of work on the insured premises \_\_\_\_\_% Percentage of work off premises \_\_\_\_\_%  
If off premises, where? \_\_\_\_\_

Does the Insured use a permit system?  Yes  No Hot work permits obtained?  Yes  No

If gas is used, how is it transported and stored? \_\_\_\_\_

Does insured use subcontractors?  Yes  No If yes, type of work performed: \_\_\_\_\_

Approximate annual cost: \$ \_\_\_\_\_ Are certificates of insurance required?  Yes  No

Number of employees who are welders: \_\_\_\_\_ Any part-time?  Yes  No Are they certified?  Yes  No

Is insured certified?  AWS  ASME  Not certified

Do you work on any of the following? (If yes, please explain in detail below)

- |  |  |                             |  |
|--|--|-----------------------------|--|
| Live natural gas lines?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Within refineries?          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drilling derricks?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any over-the-hole welding?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operating crude or paraffin oil lines? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any grain elevator welding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trailer hitches?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Any off-shore welding?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Auto or truck work?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |  |



Any existing (not new construction) oil or gas lines?  Yes  No

Any structural welding (i.e., bridge construction, high rise buildings)?  Yes  No

Any work on cranes, conveyors, or hydraulics?  Yes  No

Work in or around areas with explosives or pollutants?  Yes  No

Are all lines purged and flushed before welding?  Yes  No

Details: \_\_\_\_\_

Any work on stairs or catwalks?  Yes  No If yes, height: \_\_\_\_\_

Any work on railings?  Yes  No If yes, height: \_\_\_\_\_

Details: \_\_\_\_\_

Describe your three largest projects currently underway or planned for the next year, including values:

Value	Description
\$	
\$	
\$	

Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date