

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

Supplemental Application – Welder

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

Named Insured:						
2. Named Insured Mailing Address:						
Website:						
Annual Gross Sales: \$ Annual Payroll: \$						
Work performed is:% Residential% Commercial% Industrial						
List five most recent jobs:						

7. Indicate the percentage of welding/brazing/soldering processes performed:

Type of Process	%	Type of Process	%
Brazing		Solid	
Arc		Resistance	
Gas		Laser	
Plasma		Other*	
*Please describe "Other" process:			

8. Indicate the percentage of annual receipts of welding work:

Type of Work	%	Type of Work	%
Aircraft/Aerospace		Metal Erection: Decorative or Artistic Nonstructural Balconies, handrails, stairway	
Automobile/Truck/Bus: Accessories, bins, racks Bumpers, trailer hitches Frame and/or axel work Roll bars or safety cages		Oil field work	
Boilers		Pipeline	

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Bri	dges		Pressure vessels	
Bui	ilding Construction (structural)		Railroad	
	ntractors Equipment*		Refinery	
	m Equipment*		Security Doors/Windows	
	nce/Gate/Guardrail		Shipbuilding	
Log	gging Equipment		Tanks (pressurized and non-	
			pressurized)	
Ind	lustrial Machinery/Equipment*		Other*	
:	*Please provide a more detailed des	cription of wo	ork performed:	· · · · · · · · · · · · · · · · · · ·
Doe	s the rent welding equipment or sup	plies to other	s? Yes No If yes, plea	se provide details:
. Doe:	s the insured repair welding equipme	ent for others	? Yes No If yes, ple	ease describe:
. Doe:	s the insured build or manufacture a	finished proc	luct? Yes No If yes,	, please describe:
 	at fire protection is in place at job site	es:		
 3. Do a	all welders have a certificate from the	e American W	elding Society? Yes No	_
Nam	ned Insured Signature:			
Date	2:		-	
		FRAUD WA	RNINGS	

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To All Prospective Insureds: 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 and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

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 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.

District of Columbia: "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."

Florida and Oklahoma: 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.

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 \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.