

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

## Welders Supplemental Application

Applicant Name:					
Number Years in Business:		\$Payroll:	\$Sales:		
Is any work subcontracted Yes No \$Cost of subcontracted work:					
Are certificates of insurance secured from subcontractors  Yes  No					
What limits of liability are carried by subcontractors: \$					
Prior carrier and three year loss history					
Carrier	Year	Premium	Describe Losses		

## NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

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Does the applicant perform work for any of the following industries:					
Aerospace	Industrial	Refineries			
Aircraft	Ladders	Residential			
Automotive	Medical	Scaffolding			
Bridges	Marine	Structural Work			
Chemical	Mining	Tanks			
Commercial	Oil/Gas	Townhomes			
Condos	Pipelines	Tract Homes			
Cranes, Conveyors or Hydraulics	Pressurized Vessels	Trailer Hitches			
*If the answer is yes to any of the above, describe work performed. If there is structural welding, advise					
the number of stories and type of structural work being performed:					
the number of stories and type of structural work being performed.					
Any water tank work 10 gallons or less Yes No					
The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.					
Applicant Signature	Date Pro	ducer's Signature Date			

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