



WELDING, BRAZING AND CUTTING SUPPLEMENT (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience as a contractor:

2. # of Owners:	Gross Sales: \$
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3. # of Employees:	Employee Payroll: \$
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4. Receipts for previous three years:

Year 20	\$	Year 20	\$	Year 20	\$
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5. Indicate type of welding / brazing / soldering processes performed and provide percentage of total operations for each type:

Brazing	_____ %	Laser Beam Welding	_____ %
Arc Welding	_____ %	Resistance Welding	_____ %
Gas Welding	_____ %	Soldering	_____ %
Electron Beam Welding	_____ %	Solid State Welding	_____ %
Electroslag Welding	_____ %	Thermit Welding	_____ %
Induction Welding	_____ %		
Other	_____ %	(describe):	

6. Percentage of operations performed: In Shop _____ % Off Site/Mobile _____ %

7. Are all welders certified by American Welding Society or by American Society of Mechanical Engineers?
 Yes No % Certified: _____ % Not Certified: _____

8. If work is performed by a non-certified person, is work inspected and approved by a certified welder?
 Yes No

9. Work performed is: Residential _____ % Commercial _____ % Industrial _____ %

10. Does your company specialize in a certain industry or certain type of welding? Yes No
 If Yes, describe: _____

11. Off Site/Mobile Operations:
 Are fire extinguishers and first aid kits taken to each job site? Yes No
 Describe site preparation procedures taken to prevent fire losses or injury to others: _____

12. Indicate if any welding work is done on the following and provide percentage of annual receipts for each type of work:

Aircraft/Aerospace	_____ %	Metal Erection	_____ %
Aluminum Containers	_____ %	Decorative or Artistic	_____ %
Automobile/Truck/Bus	_____ %	Nonstructural	_____ %
Accessories, bins, racks	_____ %	Standpipes, water towers, silos	_____ %
Bumpers, trailer hitches	_____ %	Oil field work*	_____ %
Frame and/or Axle Work	_____ %	Oil field work – over the hole	_____ %
Roll Bars or Safety Cages	_____ %	Pipeline/Process Piping	_____ %
Other*	_____ %	Chemical (Non-Petrochem)	_____ %
Boilers	_____ %	Gas (LPG, Natural, etc.)	_____ %
Bridges	_____ %	Food/Beverage Processing	_____ %

Building Construction (Structural):		Gasoline/Oil	%
One to Two Stories	%	Grain Elevator	%
Three to Five Stories	%	Water	%
Over Five Stories	%	Pressure Vessels (Not Tanks)	%
Contractors Equipment*	%	Railroad Tracks	%
Conveyor Systems	%	Railroad Cars	%
Farm Equipment*	%	Refinery Work	%
Fence/Gate	%	Security Doors	%
Forklift/Lift Truck	%	Shipbuilding	%
Furniture	%	Repair Tanks:	
Guardrail Erection/Repair	%	Pressurized	%
Logging Equipment	%	Non-Pressurized	%
Industrial Mach/Equipment*	%	Window Bars/Guards	%
Other	%	(describe):	

Explain in detail any operation indicated by * above.

13. Does the applicant build or manufacture a finished product? Yes No

If Yes, describe type of products manufactured:

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

	Yes	No
1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you utilize a standardized contract with all of your contractors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require contractors to:		
a. Carry General Liability coverage with coverage and limits equal or greater than your own?	<input type="checkbox"/>	<input type="checkbox"/>
b. Name you as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
c. Furnish Certificates of Insurance for General Liability and Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Keep records?	<input type="checkbox"/>	<input type="checkbox"/>
4. Total cost of work contracted: \$		

Attach (a) any descriptive advertising literature; (b) copy of applicants' standard contract with clients; (c) copies of all agreements in which the applicant has assumed liability; (d) separate detailed narrative descriptions as required.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Agent Name and Address