



**WELDING, BRAZING AND CUTTING GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

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

Agency Name: \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Indicate percentage of total operations for each type of welding/brazing/soldering process performed:**

Type of Process	Percent	Type of Process	Percent
Arc Welding	%	Laser Beam Welding	%
Brazing	%	Resistance Welding	%
Electron Beam Welding	%	Soldering	%
Electroslag Welding	%	Solid State Welding	%
Gas Welding	%	Thermite Welding	%
Induction Welding	%	Other (Describe below)	%

Describe "Other" process: \_\_\_\_\_  
 \_\_\_\_\_

**2. Percentage of operations performed:**..... In Shop \_\_\_% ..... Off-Site/Mobile \_\_\_%

**3. Total number of employees performing welding/brazing duties:**.....

- a. Number of employees certified only by American Welding Society:.....
- b. Number of employees certified only by American Society of Mechanical Engineers:.....
- c. Number of employees certified by both AWS and ASME:.....
- d. Number of employees that are not certified by either of the above:.....

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

**5. Total annual Payroll:**.....\$ \_\_\_\_\_

**Total annual Receipts:**.....\$ \_\_\_\_\_

**Total annual Subcontracted Costs:** .....\$ \_\_\_\_\_

6. Work performed is:.....Residential \_\_\_%.....Commercial \_\_\_%.....Industrial \_\_\_%

7. Indicate percentage of annual receipts for each type of work performed:

Type of Work	Percent	Type of Work	Percent
Aircraft/Aerospace	%	Machinery/Equipment*	%
Aluminum Containers	%	Manufacturing Operations	%
Amusement Devices—Mechanical	%	Metal Erection:	
Automobile/Truck/Bus:		Balconies or Handrails	%
Accessories, Bins, Racks	%	Catwalks or Staircases	%
Bumpers, Trailer Hitches	%	Decorative or Artistic	%
Frame or Axle Work	%	Structural	%
Roll Bars or Safety Cages	%	Nonstructural	%
Other* (Describe below)	%	Outside Iron Work on Frame Structures	%
Bleachers:		Standpipes, Watertowers, Silos	%
Permanent	%	Off Shore Work*	%
Portable	%	Oil Field Work*	%
Boilers	%	Oil Field Work—Over the Hole	%
Bridges	%	Playground Equipment	%
Building Construction (Structural):		Pipeline/Process Piping:	
One or Two Story	%	Chemical (Non-Petrochem)	%
Three to Five Story	%	Gas (LPG, Natural, etc.)	%
Over Five Story	%	Food/Beverage Processing	%
Caisson Work	%	Gasoline/Oil	%
Contractors Equipment*	%	Water	%
Conveyor Systems:		Other* (Describe below)	%
Used in Mining	%	Pressure Vessels (Not Tanks)	%
Other than Mining	%	Railroad:	
Cutting of Scrap for Salvage or Recycling	%	Railroad Cars (other than tank cars)	%
Demolition Operations	%	Railroad Tank Cars	%
Elevators or Feed Mills	%	Railroad Tracks	%
Fabrication	%	Refinery, Chemical or Petrochemical Work	%
Farm Equipment*	%	Security Doors	%
Fence/Gate	%	Shipbuilding	%
Forklift/Lift Truck Repair	%	Tanks:	
Furniture	%	Pressurized	%
Guardrail Erection/Repair	%	Non-pressurized	%
Ladders	%	Tuna Towers	%
“Live Line” Process Piping	%	Window Bars/Guards	%
Logging Equipment	%	Other* (Describe below)	%

Describe “other” work and explain in detail any operation indicated by \* above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Does your company specialize in a certain industry or certain type of welding? .....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_
9. **Off-Site/Mobile Operations:**
- a. Are fire extinguishers and first aid kit taken to each job site?.....  Yes  No
- b. Describe site preparation procedures taken to prevent fire losses or injury to others: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Does the applicant subcontract work to others? .....  Yes  No  
 If yes, describe type of work subcontracted: \_\_\_\_\_
11. Any work done on existing Oil or Gas Lines? .....  Yes  No  
 If yes, are all lines purged and flushed prior to welding? .....  Yes  No  
 Are the lines ever pressurized during the work process? .....  Yes  No
12. Does the applicant rent welding equipment or supplies to others?.....  Yes  No  
 If yes, annual receipts: ..... \$ \_\_\_\_\_
13. Does the applicant repair welding equipment for others?.....  Yes  No  
 If yes, are you factory authorized for such repairs?.....  Yes  No
14. Does applicant operate a machine shop? .....  Yes  No
15. Does applicant sell welding rods (wholesale or retail)? .....  Yes  No
16. Does the applicant offer rental, sales, service, filling or refilling of gas cylinders?.....  Yes  No  
 If yes, annual receipts: ..... \$ \_\_\_\_\_
17. Does the applicant build or manufacture a finished product? .....  Yes  No  
 If yes, describe type of products manufactured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Does applicant or subcontractor use explosives?.....  Yes  No  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Does applicant perform any welding operations over three stories? .....  Yes  No
20. **Hold-Harmless Agreements:**
- a. Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant?.....  Yes  No
- b. Do others hold applicant harmless? .....  Yes  No
- c. Does applicant agree to hold any third party harmless? .....  Yes  No
- d. Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? .....  Yes  No
21. Does applicant have Workers' Compensation coverage in force?.....  Yes  No
22. Does applicant lease employees? .....  Yes  No
23. Does applicant have Professional Liability coverage in force?.....  Yes  No
24. 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; and (D) Separate detailed narrative descriptions as required.

25. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? .....  Yes  No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon.)**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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 five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

I agree to maintain signed waivers, time and usage sheets as permanent records. I also agree to have all customers read and sign a waiver form for use of sun tanning equipment.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

**IMPORTANT NOTICE**

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



## Commercial Package Application

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

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:				Other carriers participating on risk:		
				1. _____ %			
				2. _____ %			

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total \$
<b>Deductible</b>	\$	

**Schedule of Hazards**

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF 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 five thousand dollars and the stated value of the claim for each such violation.

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APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

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