



**WELDING, BRAZING AND CUTTING GENERAL LIABILITY SUPPLEMENTAL APPLICATION**  
 (Complete in addition to ACORD General Liability 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
Arc Welding	%
Brazing	%
Electron Beam Welding	%
Electroslag Welding	%
Gas Welding	%
Induction Welding	%

Type of Process	Percent
Laser Beam Welding	%
Resistance Welding	%
Soldering	%
Solid State Welding	%
Thermite 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.)**

**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.

**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: \_\_\_\_\_

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.