

## Supplemental Application – Welding, Brazing and Cutting (Complete in addition to ACORD Application)

1. Named Insured: \_\_\_\_\_
2. What type of welding / brazing / soldering processes are performed? Provide percentage of total operations for each type performed:

Type of Process	%	Type of Process	%
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 below)	

Describe "Other" process - \_\_\_\_\_  
\_\_\_\_\_

3. Percentage of operations performed: In Shop \_\_\_\_\_% Off Site/Mobile \_\_\_\_\_%
4. Total number of employees performing welding / brazing duties. \_\_\_\_\_  
 # of employees certified only by American Welding Society \_\_\_\_\_  
 # of employees certified only by American Society of Mechanical Engineers \_\_\_\_\_  
 # of employees certified by both AWS and ASME \_\_\_\_\_  
 # of employees that are not certified by either of the above \_\_\_\_\_
5. If work is performed by a non-certified person, is work inspected and approved by a certified welder?  Yes  No
6. Total annual Payroll \$\_\_\_\_\_ Total annual Receipts \$\_\_\_\_\_  
 Total annual Subcontracted Costs \$\_\_\_\_\_
7. Work performed is: \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial
8. Does your company specialize in a certain industry or certain type of welding?  
 Yes  No If Yes, describe. \_\_\_\_\_
9. Off Site/Mobile operations:  
 Are fire extinguishers and first aid kit taken to each job site?  Yes  No  
 Describe site preparation procedures taken to prevent fire losses or injury to others.  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Indicate if welding work, if any, done on the following? Provide percentage of annual receipts for each type of work.

Type of Work	%	Type of Work	%
Aircraft/Aerospace		Metal Erection:	
Aluminum Containers		Decorative or Artistic	
Automobile/Truck/Bus:		Nonstructural	
Accessories, bins, racks		Standpipes, watertowers, 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 Const.(Structural)		Gasoline/Oil	
One to Two Story		Water	
Three to Five Story		Pressure Vessels (not tanks)	
Over Five Story		Railroad Tracks	
Contractors Equipment*		Railroad Cars	
Conveyor Systems		Refinery work	
Farm Equipment*		Security Doors	
Fence/Gate		Shipbuilding	
Forklift/Lift truck Repair		Tanks:	
Furniture		Pressurized	
Guardrail Erection/Repair		Non-pressurized	
Logging Equipment		Window Bars/Guards	
Industrial Mach/Equipment *		Other* (Describe below)	

Describe "other" work and explain in detail any operation indicated by \* above.

---



---



---



---

11. Does the applicant subcontract work to others?  Yes  No If Yes, describe type of subcontracted. \_\_\_\_\_

12. Any work done on existing Oil or Gas Lines?  Yes  No If Yes, are all lines purged and flushed prior to welding?  Yes  No

13. Does the applicant rent welding equipment or supplies to others?  Yes  No

14. Does the applicant repair welding equipment for others?  Yes  No If Yes, are you factory authorized for such repairs?  Yes  No

15. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?  
 Yes  No

16. Does the applicant build or manufacture a finished product?  Yes  No  
If Yes, describe type of products manufactured.

---

---

---

---

17. Hold-harmless Agreements:

Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant?  Yes  No

Do others hold applicant harmless?  Yes  No

Does applicant agree to hold any third party harmless?  Yes  No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur?  Yes  No

18. Does applicant have Workers' Compensation coverage in force?  Yes  No  
Does applicant lease employees?  Yes  No

19. Does applicant have Professional Liability coverage in force?  Yes  No

21. Does the applicant have a Web site?  Yes  No  
If Yes, provide web site address: \_\_\_\_\_

22. 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.

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

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

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select your option below: