

WELDERS SUPPLEMENTAL APPLICATION

(Complete in addition to an ACORD application)

Applicant's Name: \_\_\_\_\_

1. Have you operated under any other name or names?  Y  N

If 'Yes', please list each name, address and number of years in operation:

2. Are your operations mobile?  Y  N If yes:

Percentage of offsite/mobile welding: \_\_\_\_\_ % Are fire extinguishers and a first aid kit taken to each job site?  Y  N

Describe site preparation and procedures in place to prevent fire damage or bodily injury:

3. Indicate percentage of total operations for each type of welding, brazing or solder process performed:

Process	%	Process	%
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:

4. Work performed is: \_\_\_\_\_ % Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Agricultural

5. Does your work involve any of the following:  Y  N

If "Y", R = Retained S = subbed and % of operations

	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> R	<input type="checkbox"/> S	%		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> R	<input type="checkbox"/> S	%
Aircraft or aerospace equip.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aluminum containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Logging Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amusement devices / rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Machinery / equipment - contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balconies / handrails / stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Machinery / equipment - farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers - permanent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Machinery / equipment - mining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bleachers - portable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Machinery / equipment - other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Off shore work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bridges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Oil field work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Const. # stories _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Playground equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burglar bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pressure vessels – other than tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caisson work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Refineries/chemical Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting scrap – salvage/recycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Ship / watercraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decorative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Standpipes or water towers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Continued:

Demolition	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Structural work	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Furniture	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Tanks - pressurized	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Gas lines of any type	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Tanks – not pressurized	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Grain or feed elevators, silos, or bins	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Truck / bus/ auto bumpers	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Guard rails	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Truck / bus/ auto frames or axles	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Hydraulic conveyor systems	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Truck / bus/ auto trailer hitches	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Trailer hitches	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S		Truck / bus/ safety equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S	
Other – Describe below Other:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> R <input type="checkbox"/> S					

6. Total number of employees performing welding, brazing or soldering \_\_\_\_\_  
Number of employees certified only by American Welding Society \_\_\_\_\_  
Number of employees certified only by American Society of Mechanical Engineers \_\_\_\_\_  
Number of employees certified by both Amer. Welding Society & Amer. Society of Mechanical Engineers \_\_\_\_\_  
Number of employees that are not certified by either of the above \_\_\_\_\_  
If work is performed by a non-certified employee, is the work inspected and approved by a certified welder?  Y  N
7. Is your operation compliant with all State and OSHA Welding, Cutting & Brazing Standards?  Y  N
8. Do you obtain all required hot works permits?  Y  N
9. Are all flammables and solvents approved UL containers?  Y  N
10. Are welding gas tanks properly stored and secured?  Y  N
11. Does applicant sell or rent welding equipment or gases/ supplies to others?  Y  N If Yes, Receipts: \$ \_\_\_\_\_  
If yes, are they sold to medical facilities?  Y  N
12. Does applicant repair welding equipment for others?  Y  N If yes, is applicant factory authorized for such repairs?  Y  N
13. Hold Harmless Agreements  
Does applicant use standard client contract that outlines specific responsibilities of the applicant?  Y  N  
Do others hold applicant harmless?  Y  N  
Does applicant agree to hold any third party harmless?  Y  N  
Does applicant assume, by contract responsibility for an injury or damage that might occur?  Y  N

**SUBCONTRACTORS EXPOSURE**

\* If you NEVER hire subcontractors, please check here  and skip to the next section

\*\*Note that should you utilize subcontractors at a future date, the information below will be required.

1. Do you utilize a standardized contract with ALL of your subcontractors?  Y  N  
(If 'Yes', please attach a copy to this questionnaire)
2. Are all subcontractors required to sign a hold-harmless or indemnification agreement in your favor?  Y  N
3. Do you require all subcontractors to:
- a. Carry same or greater limits and coverages as being requested by you?  Y  N
  - b. Name you as additional insured?  Y  N

**COMMENTS**

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**Any person who knowingly and with intent to defraud any insurance company or other person files a supplemental application for insurance 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 may subject that person to criminal and civil penalties.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_