



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

2. Mailing Address: Street City County State ZIP Code

3. Contact Name: Web Site Address:

4. Contact for Inspection/Audit: Name: Phone No.:

5. Applicant is: Individual Partnership Corporation LLC Joint Venture
 Other (specify):

6. Proposed Effective Date: From: To:

BUSINESS INFORMATION

7. Number of Years in Business: Number of Years Experience:

8. 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):		

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

10. Total number of employees performing welding / brazing duties: _____

- (a) Certified only by American Welding Society. _____
 (b) Certified only by American Society of Mechanical Engineers. _____
 (c) Certified by both AWS and ASME. _____
 (d) Not certified by any of the above.

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

12. Total Annual Payroll \$ _____
 Total Annual Receipts \$ _____
 Total Annual Subcontracted Costs \$ _____

13. Work performed is: Residential % Commercial % Industrial %

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

15. 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:

16. 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	%	Water	%
Three to Five Stories	%	Pressure Vessels (Not Tanks)	%
Over Five Stories	%	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):	

Explain in detail any operation indicated by * above.

	Yes	No
17. Does the applicant subcontract work to others? If yes, describe type of subcontracted.	<input type="checkbox"/>	<input type="checkbox"/>
18. Any work done on existing Oil or Gas lines? If yes, are all lines purged and flushed prior to welding?	<input type="checkbox"/>	<input type="checkbox"/>
19. Does the applicant rent welding equipment or supplies to others?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the applicant repair welding equipment for others? If yes, are you factory authorized for such repairs?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the applicant build or manufacture a finished product? If yes, describe type of products manufactured.	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23. Hold-Harmless Agreements: | | |
| Does applicant use a standard client contract, which outlines specific responsibilities of the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do others hold applicant harmless? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant agree to hold any third party harmless? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does applicant have Workers' Compensation coverage in force? | | |
| Does applicant lease employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Does applicant have Professional Liability coverage in force? | | |
| 26. Does the applicant have a Web site? | | |
| If yes, web site address: _____ | | |
| 27. 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. | | |

FRAUD STATEMENTS

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

LOUISIANA and MAINE: 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.

Refer to the Core Application for all Fraud Statements.

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
Producer Signature		Date

Agent Name and Address