

WELDING, BRAZING AND CUTTING SUPPLEMENT

(Complete in Addition to ACORD Application)

Pro	posed First Named Insure	ed & Other Named In	sured(s):								
Location Address Street		Street	City	County	State	ZIP Code					
BU	SINESS INFORMATION										
1.	Number of years' experie	ence:									
2.	Indicate type of welding / brazing / soldering processes performed and provide percentage of total operations for										
	each type:										
	Brazing		%	Laser Beam Welding Resistance Welding							
	Arc Welding		%_								
	Gas Welding		%_	Soldering	ı	%					
	Electron Beam Welding		%_	Solid Stat	te Welding	%					
	Electroslag Welding		%_	Thermit V	Velding	%					
	Induction Welding		%_								
	Other		% (describe):							
3.	Percentage of operations	s performed: In S	Shop %	Off Site/Mobile	%						
4.	Are all welders certified b	y American Welding	Society or by Ame	erican Society of Med	hanical Engineers	?					
	Yes No										
	% Certified:	% Not C	ertified:								
5.	If work is performed by a non-certified person, is work inspected and approved by a certified welder?										
	Yes No										
6.	Work performed is:	Residential	% Comi	mercial %	Industrial	%					
7.	Does your company spec	cialize in a certain ind	dustry or certain ty	pe of welding?	es No						
	If yes, describe:										
8.	Off Site/Mobile Operatio	ns:									
	Are fire extinguishers and first aid kits taken to each job site?										
	Describe site preparation		•								
	, , , , , , , , , , , , , , , , , , , ,	,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
9.	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	n	%					
	Aluminum Containers	-	%_	Decorative or	Artistic	%					
	Automobile/Truck/Bus	-	%_	Nonstructural		%					
	Accessories, bins, racks	-	%_	Standpipes, w	vater towers, silos	%					
	Bumpers, trailer hitches		%_	Oil field work	*	%					
	Frame and/or Axle Work		%_	Oil field work	- over the hole	0/					
	Roll Bars or Safety Cages	s				%					
	Other*		%_	Pipeline/Proc	ess Piping	<u>%</u>					
	Other		<u>%</u> <u>%</u>	•	ess Piping n-Petrochem)						
	Boilers			•	n-Petrochem)	%					

Building Cor	nstruction (Structural):			Gasoline/Oil			%		
_	Two Stories	%		Grain Elevator	_		%		
Three to	Five Stories	%		Water	_		%		
Over Fiv	ve Stories	%		Pressure Vessels (Not 7	- Γanks)		%		
	Equipment*	%		Railroad Tracks	_		%		
Conveyor Sy		%		Railroad Cars	_		%		
Farm Equip		%		Refinery Work	=		%		
Fence/Gate		%		Security Doors	=		%		
Forklift/Lift 7		%		Shipbuilding	_		%		
Furniture		%		Repair Tanks:	_		70		
	rection/Repair	%		Pressurized			%		
Logging Equ		// //////////////////////////////////		Non-Pressurized	_		%		
	ach/Equipment*	// //////////////////////////////////		Window Bars/Guards	_				
Other	acii/Equipineiii		(describe):	Williadw Bars/Guaras	_		/0		
	plicant build or manufacture a fi ibe type of products manufactu		t? Tyes	□ No					
SUBCONTRAC	TORS and/or INDEPENDENT	CONTRACTO	ORS	N/A					
						Yes	No		
 Do you requ 	Do you require contractors to sign a hold-harmless or indemnification agreement in your favor?								
Do you utiliz	Do you utilize a standardized contract with all of your contractors?								
Do you requ	ire contractors to:								
a. Carry G	eneral Liability coverage with c	overage and l	mits equal or	greater than your own?					
b. Name yo	ou as an Additional Insured?								
c. Furnish	c. Furnish Certificates of Insurance for General Liability and Workers Compensation?								
d. Keep red	cords?								
Total cost of	f work contracted: \$								
	escriptive advertising literatu in which the applicant has ass					_	of		
IMPORTANT NO DECLARATION									
	T THE STATEMENTS MADE IN	N THIS APPLIC	CATION ARE	COMPLETE AND TRUE					
character, gener	nderwriting procedures, a routing ral reputation, and credit history ort, if one is made, will be provi	y. Upon your				_	nd		
SIGNATURES									
Applicant Signature		Titl	e		Date				
Producer Signature					Date				
Agent Name and Ad	ldress								