

Agent Name: Contact: Agent Address: Phone #

## **Welding Supplemental Application**

	TO BE USED WITH COMMERCIAL GENER  All questions must be answered in full. Applicat	, , ,		
App	olicantís Name	Agent		
App	olicant Mailing Address			
		Web Address		
		Inspection Contact		
Pro	posed Policy Period to	Phone Number for Inspection Contact		
App	olicant is  Individual Partnership Corporation	Joint Venture   LLC  Other		
Loc	cation #1			
	cation #2			
	cation #3			
2.	Explain in detail the type of welding done; and type of equip	oment you weld on (structural, manufacturing etc.).		
3.	List the type of industries in which you provide welding serv	rices.		
4.	Any trailer hitches welded?	🗆 Yes	☐ No	
5.	Describe any products fabricated.			
	Size of Equipment?			
	End usage?			
6.	Do all welders have a certificate from the American Welding	_		
7.	Does a certified welder inspect the work?		∐ No	
8.	What fire protection is in place at the job site?	_		
9.	Indicate what percentage of work is on or off premises.			
4.0	On premises % Off premises %			
	Is applicant involved in any Metal Erection?			
	Does applicant do any structural welding over 3 stories?	∐ Yes	∐ No	
12.	Does applicant have any Oil and Gas work:			
	Over the hole or drilling derricks or rigs?  Welding on oil or gas tanks, lines or pipes?			
	Refineries or chemical plants?	☐ Yes		

	DERWRITING INFORMATION (Continu	,		
13.	Does applicant have any of the followi	•		
	Welding in or around grain bins, silos,	and elevators?		Yes No
	Aircraft or aerospace welding?			Yes No
	Bridges?			Yes No
	Pressure Vessels (i.e. boilers, tanks)?			Yes No
14.	Does applicant have any of the followi	ng types of machinery?		
	Conveyors?			Yes No
	Cranes?			Yes No
	Forklifts?			Yes No
	Farm Equipment?			☐ Yes ☐ No
bee said stat	s application shall not be binding unless an given, and that a policy shall be issued policy and in accordance with all terements and answers are a full and true the same are hereby made the basis a	ued and a payment shall be rms thereof. The said appl e statement of all the facts a	made, and then only as of the commicant hereby covenants and agrees and circumstances with regard to the	nencement date of that the foregoing risk to be insured,
	Producerís Signature	Date	Applicant'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.

## FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.