



**Dallas**  
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**Houston**  
 P: (281) 759-4855  
 F: (281) 759-7245

[hullandco-texas.com](http://hullandco-texas.com)

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

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

Agent Address: \_\_\_\_\_

Phone # \_\_\_\_\_

## Welding Supply/Gas Distributor Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_

\_\_\_\_\_ Web Address \_\_\_\_\_

\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

How long has this applicant been in business? \_\_\_\_\_

### HARD GOOD SALES

Welding Supplies ..... \$ \_\_\_\_\_

Medical Equipment or Supplies ..... \$ \_\_\_\_\_

Cylinder Rental ..... \$ \_\_\_\_\_

Total Hard Good Sales ..... \$ \_\_\_\_\_

### GAS SALES

Medical Gas Sales ..... \$ \_\_\_\_\_

Aviation Gas Sales..... \$ \_\_\_\_\_

All Other Gas Sales ..... \$ \_\_\_\_\_

Total Gas Gross Annual Sales..... \$ \_\_\_\_\_

**Note:** In addition to the above gas sales, complete the attached Gas Volume Chart.

### ACETYLENE GAS MANUFACTURING

Total Gross Sales ..... \$ \_\_\_\_\_

### OTHER MANUFACTURING (OXYGEN, ETC.)

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

**GROSS SALES FROM INSTALLATION SERVICE OR REPAIR OF EQUIPMENT**

DESCRIPTION OF OPERATIONS	PAYROLL	SALES
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**RENTAL SALES (OTHER THAN CYLINDER)**

Total Gross Sales from all rentals \$ \_\_\_\_\_

**ATTACH**

- !" Copy of rental agreement
- !" List of all equipment rented to others

**OFF PREMISES SERVICES**

1. Do you deliver products or equipment? .....  Yes  No

If yes, complete the following:

PRODUCTS OR EQUIPMENT	SALES	INDUSTRIAL	RESIDENTIAL
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you deliver propane? .....  Yes  No
3. Do you maintain commercial automobile liability coverage? .....  Yes  No
4. Describe number and type of vehicles used for bulk delivery:

TYPE	NUMBER	BULK
_____	# _____	_____
_____	# _____	_____
_____	# _____	_____

**POISONOUS GASES**

List any class of poisonous gases you sell or distribute, trans-fill, or transport.

PRODUCT NAME	TRANS-FILL METHOD	TRANSPORT	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

