



Dallas
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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

Complete the gas volume chart below. The information provided includes the total volume of gas sold or distributed by you. This information is required to properly rate the general liability exposure (be as complete as possible). If any gas you sell is not listed, add it to the chart and indicate the appropriate volume data. If you use volume measures other than those shown (e.g., pounds, gallons, cubic feet) indicate that measure on the chart

GAS VOLUME CHART

TYPE OF GAS	AMOUNT DISTRIBUTED	MEASURE	FACTOR	RESULT IN GALLONS	
Oxygen	X	Cubic Feet	116.050	=	Gallons
Medical Oxygen	X	Cubic Feet	116.050	=	Gallons
Argon	X	Cubic Feet	112.500	=	Gallons
Nitrogen	X	Cubic Feet	93.110	=	Gallons
Acetylene	X	Cubic Feet	116.050	=	Gallons
Carbon Dioxide	X	Pounds	0.118	=	Gallons
Hydrogen	X	Cubic Feet	113.410	=	Gallons
Helium	X	Cubic Feet	100.800	=	Gallons
Propane	X	Cubic Feet	36.000	=	Gallons
Propylene	X	Cubic Feet	38.500	=	Gallons
MAPP	X	Cubic Feet	116.050	=	Gallons
Sulfur Dioxide	X	Cubic Feet	116.050	=	Gallons
Chlorine	X	Cubic Feet	63.200	=	Gallons
Ammonia	X	Cubic Feet	0.006	=	Gallons
	X	Cubic Feet		=	Gallons
	X	Cubic Feet		=	Gallons
	X	Cubic Feet		=	Gallons

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's 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.