

**Welders Supplemental Application**

Applicant Name  
 Applicant Address State Zip Code  
 City  
 Number of years in business? Payroll Sales  
 is any work subcontracted? What is the cost?  
 Are certificates of insurance secured from subcontractors?  
 What limits of liability are carried by subcontractors?  
 Prior carrier and three- year loss history  
Carrier Year Premium Describe Losses

List and describe the last three jobs performed by the insured including the receipts:

Please provide a description of the typical work performed by the insured including customers served and end use of any products

Does the insured perform work for any of the following industries?

<input type="checkbox"/>	Aerospace	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Refineries
<input type="checkbox"/>	Aircraft	<input type="checkbox"/>	Ladders	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Automotive	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Scaffolding
<input type="checkbox"/>	Bridges	<input type="checkbox"/>	Marine	<input type="checkbox"/>	Structural Work
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Mining	<input type="checkbox"/>	Tanks
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Oil/Gas	<input type="checkbox"/>	Townhomes
<input type="checkbox"/>	Condos	<input type="checkbox"/>	Pipelines	<input type="checkbox"/>	Tract Homes
<input type="checkbox"/>	Cranes, Conveyors or Hydraulics	<input type="checkbox"/>	Pressurized Vessels	<input type="checkbox"/>	Trailer Hitches

If the answer is yes to any of the above, describe work performed. If there is structural welding, advise the number of stories and type of structural work being performed.

---

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_