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# Welding Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY  
NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant \_\_\_\_\_ Previous Policy (for renewals) \_\_\_\_\_

Website \_\_\_\_\_

Physical Address: \_\_\_\_\_

1. Does the applicant perform at least 80% of welding work at client job sites?  Yes  No
2. Does the applicant have a shop where welding is performed for business purposes?  Yes  No  
 If yes, does the shop keep regular hours?  Yes  No  
 What percentage of the welding work is done at the shop? \_\_\_\_\_%
3. Does the applicant perform any work in oil fields, on petroleum pipelines, for mining operations, or for oil & gas entities?  Yes  No  
 If yes, what percentage of the welding work consists of these operations? \_\_\_\_\_%
4. Does the applicant perform any machinery or equipment repair, service, or installation that does *not* involve welding?  Yes  No  
 If yes, what percentage of the work consists of machinery or equipment repair? \_\_\_\_\_%  
*If greater than 50% of work, please complete the M-5771 supplemental application for Machinery or Equipment Repair.*
5. Does the applicant provide *any* services for any new residential construction projects?  Yes  No  
 If yes, does the applicant primarily work on new home construction or expect to work on more than two new homes in the same development?  Yes  No
6. Does the applicant perform welding on fuel tanks, fuel lines, or for fuel facilities?  Yes  No  
 If yes, what percentage of the welding work consists of these operations? \_\_\_\_\_%
7. Use a checkmark to indicate whether the applicant performs *any* work involving the following:
 

<input type="checkbox"/> Bridges or Elevated Highways	<input type="checkbox"/> Grain Bins, Grain Elevators, or Feed Mills
<input type="checkbox"/> Chicken Houses or Hog Confinements	<input type="checkbox"/> Heavy Machinery
<input type="checkbox"/> Conveyor Systems	<input type="checkbox"/> Metal Erection Mining Equipment
<input type="checkbox"/> Fabricating/Manufacturing Vehicle Parts	<input type="checkbox"/> Mining Equipment
<input type="checkbox"/> Food/Beverage Processing	<input type="checkbox"/> Roll Bars or Safety Cages for Vehicles
<input type="checkbox"/> Gates/Fences	<input type="checkbox"/> Trailer Hitches
8. Please provide a detailed description of the three most recent welding projects: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Please provide a detailed description of the next three expected welding projects: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Fill out the following table regarding workers performing welding work.

	Number	Payroll
Active Owners*		
Non-Owner Employees**		

\*Include only owners and executives performing or supervising welding work  
 \*\*Exclude owners and executives; include supervisory employees

11. Is any casual or temporary labor used which was not included in the previous payroll amount?  Yes  No  
 If yes, what is the payroll of casual or temporary labor? \_\_\_\_\_

12. Are any subcontractors used?  Yes  No  
 If yes, what are the total subcontractor costs, including materials? \_\_\_\_\_  
 If no, please proceed to #15.

13. Do you obtain the following from all subcontractors?  
 (a) Certificate of Insurance for:  
 - General Liability Insurance  Yes  No If yes, what limits of liability: \$ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 - Workers Compensation  Yes  No Occurrence Aggregate Products

(b) Additional Insured Endorsement  Yes  No

14. Do all subcontractors hold our insured harmless by written agreement?  Yes  No

15. Please provide total gross receipt estimate for:

(a) The previous year: \_\_\_\_\_

(b) The upcoming year: \_\_\_\_\_

16. Is any work done other than welding?  Yes  No  
 If yes, describe other operations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This Supplement is a part of the Application and will be relied upon by the company as an integral part of the Application.**

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date