



# Welding Renewal Questionnaire

National Fire & Marine Insurance Company  
National Indemnity Company of the South

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

1. Named Insured: \_\_\_\_\_

2. Change of address(es)?  Yes  No If yes, enter updated address(es) below.  
\_\_\_\_\_  
\_\_\_\_\_

3. Website: \_\_\_\_\_ 4. Phone number: \_\_\_\_\_

5. Account summary:

Policy Period	No. of Active Owners*	No. of Non-Owner Employees**	Non-Owner Payroll**	Gross Receipts	Subcontractor Costs
Past Year					
Estimate for Upcoming Term					

\*Include only owners or executives performing or supervising welding activities.

\*\*Exclude owners or executives; include supervisory employees.

6. Use a checkmark to indicate whether the insured performs **any** work involving any of the following:

- Bridges or Elevated Highways
- Chicken Houses or Hog Confinements
- Conveyer Systems
- Fabricating/Manufacturing Vehicle Parts
- Food/Beverage Processing
- Gates/Fences
- Grain Bins, Grain Elevators, or Feed Mills
- Heavy Machinery
- Metal Erection
- Mining Entities or Mining Operations
- New Residential Construction Projects
- Oil & Gas Entities
- Oil Fields or Petroleum Pipelines
- Oil Rigs
- Roll Bars or Safety Cages
- Trailer Hitches

7. Description of ALL ongoing operations: \_\_\_\_\_  
\_\_\_\_\_

8. Any requested changes to coverage limits?  Yes  No If yes, enter below.  
\_\_\_\_\_

9. Any requested changes to additional insureds?  Yes  No If yes, enter and explain requested changes below.  
\_\_\_\_\_  
\_\_\_\_\_

10. Additional remarks: \_\_\_\_\_  
\_\_\_\_\_

The Applicant's representative acknowledges that he/she has advised the insured and the insured agrees that if the foregoing statements and answers are materially false, the Company shall have the right to rescind any policy it may issue or any renewal thereof. All terms, conditions, and applicable endorsements of the previous policy shall apply. Representations made on the insured's original Company application shall survive renewal unless modified by this document.

\_\_\_\_\_  
Witness Applicant's Signature Date