

Agency Name:
 Contact:
 Address:
 Phone:
 Email:



Welding Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (S308 or Equivalent)

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

If additional space is needed to answer any question, attach a separate detailed narrative description.

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ _____ BUSINESS NAME OR TRADING NAME: _____ PROPOSED POLICY PERIOD: _____ TO: _____	_____ _____ _____ APPLICANT'S PHONE NUMBER: _____ APPLICANT'S WEB ADDRESS: _____ INSPECTION CONTACT: _____ CONTACT PHONE NUMBER: _____
APPLICANT IS: <input type="checkbox"/> INDIVIDUAL (INCLUDE DATE OF BIRTH): _____ <input type="checkbox"/> PARTNERSHIP (INCLUDE DATES OF BIRTH): _____ <input type="checkbox"/> CORPORATION <input type="checkbox"/> JOINT VENTURE OR <input type="checkbox"/> OTHER _____ Years in business: _____ Years of Experience in this field: _____	

UNDERWRITING INFORMATION

1. Is the applicant licensed and bonded? Yes No
 If yes, please provide license numbers and the states the applicant is licensed in: _____
2. Indicate what percentage of work is on or off premises.
 On premises ____% Off premises ____%
3. Number of employees performing welding/brazing duties:
 - a. Certified only by American Welding Society (AWS):..... _____
 - b. Certified only by American Society of Mechanical Engineers (ASME):..... _____
 - c. Certified by both AWS and ASME:..... _____
 - d. Not certified by either AWS or ASME:..... _____
4. If work is performed by non-certified persons, is work inspected and approved by a certified welder?..... Yes No
 If not, explain: _____
5. Does the applicant use any other type of process apart from arc welding, gas welding, brazing, or soldering? Yes No
 If yes, please provide specific details as to the type(s) of process(es) used: _____

6. Does the applicant perform any of the following operations? Yes No
 - a. Install, service or repair any moving or operating parts (i.e. hydraulics, motors, engines, etc.) of machinery or equipment
 - b. Fabricate or manufacture products
 - c. Demolition work
 - d. Create one-of-a-kind artwork
 If yes, additional underwriting is required and a more appropriate classification may apply. Please provide specific details as to the type(s) of work performed. _____

Underwriting Information (CONTINUED)

7. Do any of the applicant's operations include the following work: Yes No
- a. Structural and/or building erection regardless of number of stories
 - b. Work on moving or operating machinery/equipment parts (i.e. hydraulics, motors, engines, etc.)
 - c. Manufacturing and/or fabrication
 - d. Bulk storage tanks or chemical mixing operations

If yes, additional underwriting is required. Please provide specific details as to the type(s) of work performed:

8. Do any of the applicant's operations include the following work: Yes No

- Aircraft (parts, accessories, etc. associate with aviation, aeronautics or aerospace)
- Amusement rides
- Any operations in, on, over or under water
- Automobile, truck or bus (frames, chassis, axels, roll bars, safety cages, etc.)
- Bridges
- Caisson or cofferdam work
- Catwalks
- Chemical or petrochemical plants
- Cranes, hoists, ladders or scaffolding
- Custom building of trailers or trailer hitches
- Gas or oil pipeline work
- Grain bins, elevators, silos or feed mills
- Nuclear power generation plants
- Off-shore exposures
- Over-the-hole work
- Pressure vessels (boilers, oxygen cylinders, steam pipes, welding gas cylinders, etc.)
- Railroad operations
- Recreational vehicles (go-karts, snowmobiles, motorized trailers, travel trailers, ATV's, etc.)
- Refineries
- Ship, boat or yacht building
- Tanks
- Towers – construction, maintenance or repair – greater than 100 feet in height
- Welding supply stores or Distributors or Manufacturers of welding equipment
- Welding equipment rental
- Welding equipment repair
- Use of explosives

If yes, applicant may not be eligible for coverage and additional underwriting is required. Please provide specific details as to the type(s) of work performed: _____

9. Provide total annual:

- a. Payroll \$ _____
- b. Receipts \$ _____
- c. Subcontractor Costs \$ _____

10. What is the end-use of items being welded? Details should include industry and customer information.

Underwriting Information **(CONTINUED)**

- 11. Does applicant perform work at customer's job sites? Yes No
- 12. Are fire extinguishers and first aid kits provided at all job sites? Yes No
- 13. Describe the site preparation procedures taken to prevent fire losses and injuries to others:

- 14. How are welding tanks secured? _____

- 15. Does the applicant have any bulk storage tanks or perform their own mixing operations?..... Yes No
- 16. Does the applicant subcontract work to others?..... Yes No
If yes:
 - a. Does the applicant obtain proof of insurance from subcontractors with limits equal to or greater than the applicant's limits? Yes No
 - b. Is the applicant named as additional insured on the subcontractor's policy? Yes No
 - c. Describe the types of work subcontracted: _____

- 17. With regard to contractual agreements:
 - a. Does the applicant use a standard client contract which outlines applicant's specific responsibilities? .. Yes No
 - b. Do others hold the applicant harmless?..... Yes No
If yes, explain: _____
 - c. Does the applicant agree to hold any third party harmless? Yes No
If yes, explain: _____
 - d. Does the applicant assume, by contractor or verbally, responsibility for any injury or damage that may occur? Yes No
If yes, explain: _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

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 – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

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 civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date