

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

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
_____	_____	<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

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, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: 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.

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.

Producer's Signature

Date

Applicant's Signature

Date