

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Number of years' experience: _____

2. Indicate type of welding / brazing / soldering processes performed and provide percentage of total operations for each type:

Brazing	%	Laser Beam Welding	%
Arc Welding	%	Resistance Welding	%
Gas Welding	%	Soldering	%
Electron Beam Welding	%	Solid State Welding	%
Electroslag Welding	%	Thermit Welding	%
Induction Welding	%		
Other	%	(describe):	

3. Percentage of operations performed: In Shop % Off Site/Mobile %

4. Are all welders certified by American Welding Society or by American Society of Mechanical Engineers?
 Yes No
 % Certified: _____ % Not Certified: _____

5. If work is performed by a non-certified person, is work inspected and approved by a certified welder?
 Yes No

6. Work performed is: Residential % Commercial % Industrial %

7. Does your company specialize in a certain industry or certain type of welding? Yes No
 If yes, describe: _____

8. Off Site/Mobile Operations:
 Are fire extinguishers and first aid kits taken to each job site? Yes No
 Describe site preparation procedures taken to prevent fire losses or injury to others: _____

9. Indicate if any welding work is done on the following and provide percentage of annual receipts for each type of work:

Aircraft/Aerospace	%	Metal Erection	%
Aluminum Containers	%	Decorative or Artistic	%
Automobile/Truck/Bus	%	Nonstructural	%
Accessories, bins, racks	%	Standpipes, water towers, silos	%
Bumpers, trailer hitches	%	Oil field work*	%
Frame and/or Axle Work	%	Oil field work – over the hole	%
Roll Bars or Safety Cages	%	Pipeline/Process Piping	%
Other*	%	Chemical (Non-Petrochem)	%
Boilers	%	Gas (LPG, Natural, etc.)	%
Bridges	%	Food/Beverage Processing	%

Building Construction (Structural):		Gasoline/Oil	%
One to Two Stories	%	Grain Elevator	%
Three to Five Stories	%	Water	%
Over Five Stories	%	Pressure Vessels (Not Tanks)	%
Contractors Equipment*	%	Railroad Tracks	%
Conveyor Systems	%	Railroad Cars	%
Farm Equipment*	%	Refinery Work	%
Fence/Gate	%	Security Doors	%
Forklift/Lift Truck	%	Shipbuilding	%
Furniture	%	Repair Tanks:	
Guardrail Erection/Repair	%	Pressurized	%
Logging Equipment	%	Non-Pressurized	%
Industrial Mach/Equipment*	%	Window Bars/Guards	%
Other	%	(describe):	

Explain in detail any operation indicated by * above.

10. Does the applicant build or manufacture a finished product? Yes No
 If yes, describe type of products manufactured.

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

	Yes	No
1. Do you require contractors to sign a hold-harmless or indemnification agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you utilize a standardized contract with all of your contractors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require contractors to:		
a. Carry General Liability coverage with coverage and limits equal or greater than your own?	<input type="checkbox"/>	<input type="checkbox"/>
b. Name you as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
c. Furnish Certificates of Insurance for General Liability and Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Keep records?	<input type="checkbox"/>	<input type="checkbox"/>
4. Total cost of work contracted: \$		

Attach (a) any descriptive advertising literature; (b) copy of applicants' standard contract with clients; (c) copies of all agreements in which the applicant has assumed liability; (d) separate detailed narrative descriptions as required.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Agent Name and Address