



# Application Supplement for Welders

Complete this Application Supplement in addition to the Acord Applications

Please provide the following information:

1. Name of Applicant: \_\_\_\_\_
2. Explain, in detail, what you weld: \_\_\_\_\_  
\_\_\_\_\_
3. Number of years in business? .....#
4. Number of years welding experience? .....#
5. Are any of the following exposures present?
  - (a) Aircraft or aerospace (including component parts): .....  Yes  No (If yes, Decline)
  - (b) Auto/truck body or frame (including bumpers): .....  Yes  No (If yes, Decline)
  - (c) Bridges: .....  Yes  No (If yes, Decline)
  - (d) Grain (bins, elevators, silos): .....  Yes  No (If yes, Decline)
  - (e) Man Lifts / Lift trucks: .....  Yes  No (If yes, Decline)
  - (f) Offshore work: .....  Yes  No (If yes, Decline)
  - (g) Oil and Gas work (including refineries): .....  Yes  No (If yes, Decline)
  - (h) Pressure vessels (i.e. boilers, tanks): .....  Yes  No (If yes, Submit)
  - (i) Work on farm machinery: .....  Yes  No (If yes, Decline)
6. Is any work performed on the following types of machinery?
  - (a) Boiler and machinery: .....  Yes  No (If yes, Submit)
  - (b) Conveyors: .....  Yes  No (If yes, Submit)
  - (c) Cranes: .....  Yes  No (If yes, Decline)
  - (d) Hydraulics: .....  Yes  No (If yes, Submit)
  - (e) Industrial (i.e. plant, factory, processing): .....  Yes  No (If yes, Submit)
  - (f) Logging: .....  Yes  No (If yes, Submit)
  - (g) Mining (machinery located within mines – decline): .....  Yes  No (If yes, Submit)
7. Advise of the percentage of welding/cutting done in your welding shop or off premises:  
 In Shop: \_\_\_\_\_%                      Off Premises: \_\_\_\_\_%
8. Any structural welding over 3 stories? .....  Yes  No
9. Any metal erection? .....  Yes  No
10. Any fabrication of products? .....  Yes  No  
 If yes, what do you fabricate? \_\_\_\_\_
11. If you fabricate products, do you fabricate only to specifications provided by others? .....  Yes  No
12. Do you fabricate to your own specifications? .....  Yes  No
13. What percentage of your work is on hand rails, stair rails and balcony railings ..... %
14. Do you subcontract any work? .....  Yes  No
15. What is your annual cost paid to subcontractors? ..... \$ \_\_\_\_\_
16. What are your annual gross sales? ..... \$ \_\_\_\_\_

17. Do the subcontractors provide certificates of insurance evidencing general liability coverage with limits equal to or greater than the insured? .....  Yes  No

(Subcontractors that do not provide our insured with a certificate of insurance with proper limits of insurance will be classified and rated using the appropriate contractor class, using the subcontracted cost as payroll.)

18. Does the applicant hold valid licenses as required by local or state laws and regulations? .....  Yes  No

19. Do you modify or remove any safety devices or protective shrouds/shield? .....  Yes  No

20. Do you install trailer hitches? .....  Yes  No

21. Do you work on forklifts? .....  Yes  No

22. Do you determine the flammability of contents in a building prior to welding? .....  Yes  No

23. Do you clear as much combustible material as possible from the building prior to beginning the operation? .....  Yes  No

24. Loss Control Procedures?

(a) Are signs posted to indicate welding is going on? .....  Yes  No

(b) Are spectators cleared from the welding area to prevent injury? .....  Yes  No

(c) Are barriers put up around worksite to protect bystanders .....  Yes  No

(d) Are screens put up at worksite to prevent ultraviolet radiation from straying? .....  Yes  No

(e) Do you ever turn off a client's sprinkler system in order to perform hot work? .....  Yes  No

If so, what safety procedures are followed? \_\_\_\_\_

(f) Does applicant always carry a portable extinguisher to worksite? .....  Yes  No

(g) Does the applicant ensure that someone remains at the site 30 minutes after the operation is complete to watch for fire? .....  Yes  No

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Address