



INSURANCE AGENCY, INC.  
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS  
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**SUPPLEMENTAL APPLICATION—Welding, Brazing and Cutting**

(Complete in addition to ACORD Application)

1. Name of Applicant: \_\_\_\_\_

2. What type of welding / brazing / soldering processes are performed? Provide percentage of total operations for each type performed:

Type of Process	%
Brazing	
Arc Welding	
Gas Welding	
Electron Beam Welding	
Electroslag Welding	
Induction Welding	

Type of Process	%
Laser Beam Welding	
Resistance Welding	
Soldering	
Solid State Welding	
Thermite Welding	
Other (Describe below)	

Describe "Other" process: \_\_\_\_\_

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

4. Total number of employees performing welding / brazing duties: \_\_\_\_\_

No. of employees certified only by American Welding Society: \_\_\_\_\_

No. of employees certified only by American Society of Mechanical Engineers: \_\_\_\_\_

No. of employees certified by both AWS and ASME: \_\_\_\_\_

No. of employees that are not certified by either of the above: \_\_\_\_\_

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

6. Total annual Payroll ..... \$ \_\_\_\_\_

Total annual Receipts ..... \$ \_\_\_\_\_

Total annual Subcontracted Costs..... \$ \_\_\_\_\_

7. Work performed is: \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial

8. Does your company specialize in a certain industry or certain type of welding?.....  Yes  No

If Yes, describe: \_\_\_\_\_

9. Off Site/Mobile operations:

Are fire extinguishers and first aid kit taken to each job site?.....  Yes  No

Describe site preparation procedures taken to prevent fire losses or injury to others: \_\_\_\_\_

10. Indicate percentage of welding work, if any, done on the following. Provide percentage of annual receipts for each type of work.

Type of Work	%
Aircraft/Aerospace	
Aluminum Containers	
Automobile/Truck/Bus:	
Accessories, bins, racks	
Bumpers, trailer hitches	
Frame and/or Axle work	
Roll bars or safety cages	
Other* (Describe below)	
Boilers	
Bridges	
Building Construction (Structural):	
One or Two Story	
Three to Five Story	
Over Five Story	
Contractors Equipment*	
Conveyor Systems	
Cutting of scrap for salvage or recycling	
Elevators or Feed Mills	
Farm Equipment*	
Fence/Gate	
Forklift/Lift truck Repair	
Furniture	
Guardrail Erection/Repair	
Logging Equipment	
Industrial Machinery/Equipment*	

Type of Work	%
Metal Erection:	
Decorative or Artistic	
Nonstructural	
Standpipes, watertowers, silos	
Balconies, handrails or stairway	
Off Shore work*	
Oil field work*	
Oil field work-over the hole	
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	
Gas (LPG, Natural, etc.)	
Food/Beverage Processing	
Gasoline/Oil	
Water	
Other * (Describe below)	
Pressure Vessels (not tanks)	
Railroad Tracks	
Railroad Cars	
Refinery, chemical or petrochemical work	
Security Doors	
Shipbuilding	
Tanks:	
Pressurized	
Non-pressurized	
Window Bars/Guards	
Other* (Describe below)	

Describe "other" work and explain in detail any operation indicated by \* above.

\_\_\_\_\_

11. Does the applicant subcontract work to others? .....  Yes  No

If Yes, describe type of work subcontracted: \_\_\_\_\_

12. Any work done on existing Oil or Gas Lines? .....  Yes  No

If Yes, are all lines purged and flushed prior to welding?.....  Yes  No

- Are the lines ever pressurized during the work process? .....  Yes  No
13. Does the applicant rent welding equipment or supplies to others?.....  Yes  No  
 If Yes, annual receipts:   \$ \_\_\_\_\_
14. Does the applicant repair welding equipment for others? .....  Yes  No  
 If Yes, are you factory authorized for such repairs? .....  Yes  No
15. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?.....  Yes  No  
 If Yes, annual receipts:   \$ \_\_\_\_\_
16. Does the applicant build or manufacture a finished product?.....  Yes  No  
 If Yes, describe type of products manufactured.
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17. Hold-harmless Agreements:
- Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant?.....  Yes  No
- Do others hold applicant harmless? .....  Yes  No
- Does applicant agree to hold any third party harmless? .....  Yes  No
- Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? .....  Yes  No
18. Does applicant have Workers' Compensation coverage in force?.....  Yes  No  
 Does applicant lease employees? .....  Yes  No
19. Does applicant have Professional Liability coverage in force?.....  Yes  No
20. Does the applicant have a Web site? .....  Yes  No  
 If Yes, provide Web site address: \_\_\_\_\_

21. 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; and (D) Separate detailed narrative descriptions as required.

**FRAUD WARNING**

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.

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Applicable in the State of Florida:

Agent's Name: \_\_\_\_\_

Agent's License No. \_\_\_\_\_