



Welding and Brazing Supplemental Questionnaire
(To be submitted with ACORD Applications)

1. Applicant:			
2. Website Address:			
3. Describe all operations:			
4. Do you build or manufacture a finished product of any kind?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "yes", please explain:			
5. Do you specialize in a certain industry or type of welding?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "yes", please explain:			
6. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member, or against any person, company, or entities on whose behalf your company has assumed liability? (For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If "yes", please explain:			
7. Date of Corporate Filing or DBA:			
8. Length of time in business:		0 Years / 0 Months	
a. Full-time / Part-time		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
b. Years of experience		0 Years / 0 Months	
9. Are you licensed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
a. Kind of license:		b. Year license issued:	
c. License No.:			
10. Number of Owners / Partners:		0 / 0	
a. Number of Full Time / Part Time Employees:		0 / 0	
b. Cost of Leased Employees:			
c. Payroll of Full time/Part time Employees:		d. Gross Receipts: \$	
11. Number of employees certified by either or AWS or ASME:		0	
a. Number of non-certified employees performing welding duties:		0	
b. Do certified welders inspect and approve the work of non-certified employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. State / Area of operations:		/	
a. Radius of operations from your main location:		0 Miles	
13. Where is welding operation conducted?			
a. <input type="checkbox"/> Shop		b. <input type="checkbox"/> Off-Site / Mobile	
c. <input type="checkbox"/> Other:			
14. If performing off-site / mobile operations are all your vehicles equipped with fire extinguishers and first aid kits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
15. For what types of customer do you primarily weld?			
a. <input type="checkbox"/> Industrial		b. <input type="checkbox"/> Commercial	
c. <input type="checkbox"/> Residential		d. <input type="checkbox"/> Agricultural	
e. <input type="checkbox"/> Other:			



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16. What type metal do you work with most often?			
a. Sheet metal	0%	b. Aluminum	0%
c. Copper	0%	d. Iron	0%
e. Steel	0%	f. Other:	0%
17. What type of welding do you perform?			
a. Arc Welding	0%	b. Brazing	0%
c. Electron Beam Welding	0%	d. Electroslag Welding	0%
e. Gas Welding	0%	f. Induction Welding	0%
g. Laser Beam Welding	0%	h. Solid State Welding	0%
i. Soldering	0%	j. Thermite Welding	0%
k. Other:			0%
18. Percentage (of annual receipts) for welding work on the following, if any:			
Aircraft / Aerospace:	0%	Aluminum containers	0%
Boilers:	0%	Bridges	0%
Car / Truck / Bus: Accessories, bins, racks:	0%	Car / Truck / Bus: Bumpers, trailer hitches	0%
Car / Truck / Bus: Frame or axle work:	0%	Car / Truck / Bus: Roll Bars or Safety Cages	0%
Car / Truck / Bus: Other: _____	0%	Construction / Logging equipment	0%
Conveyor systems:	0%	Cutting of scrap	0%
Decorative / Artistic Metal Work:	0%	Elevators or Feed Mills	0%
Farm / Agricultural Equipment:	0%	Fences / Gates:	0%
Forklifts / Lift trucks	0%	Furniture:	0%
Guardrail / Railings Erection / Repair	0%	Industrial Equipment:	0%
Metal Erection: Balconies, handrails or stairways	0%	Metal Erection: Standpipes, water towers, silos:	0%
Nonstructural Metal Work	0%	Oilfield work	0%
Pipeline / Process Piping: Chemical (Not Petrochemical)	0%	Pipeline / Process Piping: Gas (LPG, Natural, etc....)	0%
Pipeline / Process Piping: Gasoline / Oil	0%	Pipeline / Process Piping: Other*	0%
Pressure Vessels	0%	Process Piping: Food / Beverage	0%
Railroad Tracks / Cars	0%	Refinery (chemical or petrochemical)	0%
Security Doors	0%	Ship Building / Breaking	0%
Metal Erection – Structural: 1- 2 Stories	0%	Metal Erection – Structural: 3- 5 Stories	0%
Metal Erection – Structural: >5 Stories	0%	Tanks: Non-pressurized	0%
Tanks: Pressurized	0%	Window Bars / Guards	0%
Other: _____			0%
19. Do you rent welding equipment to others?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what are the annual receipts associated with rental?			\$
20. Do you repair or maintain welding equipment for others?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, are you a factory authorized dealer or repair facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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21. Please describe the operations performed by subcontractors for you:			
<u>Operation</u>	<u>Percentage</u>	<u>Operation</u>	<u>Percentage</u>
	0 %		0 %
	0 %		0 %
22. Do you normally use the same subcontractors			<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are certificates of insurance obtained from subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Minimum Limits Required			\$
c. Are you named as an additional insured on the subcontractors' policies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Do you use a standard written contract, which includes a hold harmless clause in your favor, for all your subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Please attach a copy of your subcontractor agreement:			<input type="checkbox"/> Attached
25. Do you sell, fill or refill gas cylinders?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26. Do you use a standard service contract that sets out your responsibilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
a. Please attach a copy of your contract / agreement:			<input type="checkbox"/> Attached
27. Do you ever assume responsibility for any injury or property damage the may occur regardless of who may have caused the injury or damage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Will any work be performed in the states of Nevada, South Carolina or California?			<input type="checkbox"/> Yes <input type="checkbox"/> No

 PRODUCER'S SIGNATURE

 DATE:

 APPLICANT'S SIGNATURE

 DATE:

APPLICABLE IN THE STATE OF 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.

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.

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	<input type="checkbox"/>	<input type="checkbox"/>	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? (Not applicable in MO)	<input type="checkbox"/>	<input type="checkbox"/>
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	<input type="checkbox"/>	<input type="checkbox"/>	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	<input type="checkbox"/>	<input type="checkbox"/>
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>	8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	<input type="checkbox"/>	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	<input type="checkbox"/>	<input type="checkbox"/>	9. ANY UNCORRECTED FIRE CODE VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
4. ANY CATASTROPHE EXPOSURE?	<input type="checkbox"/>	<input type="checkbox"/>	10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?	<input type="checkbox"/>	<input type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?	<input type="checkbox"/>	<input type="checkbox"/>	11. HAS BUSINESS BEEN PLACED IN A TRUST? IF YES, NAME OF TRUST:	<input type="checkbox"/>	<input type="checkbox"/>
			12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (If applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.