

**INDUSTRIAL CASUALTY  
WELDING SUPPLEMENTAL APPLICATION**

1. Named Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Description of Operations: \_\_\_\_\_
4. Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
5. List five most recent jobs: \_\_\_\_\_
6. Annual Gross Sales: \$ \_\_\_\_\_ Annual unlimited payroll: \$ \_\_\_\_\_
7. List Details of all claims in the past five years: \_\_\_\_\_

8. Form of Welding  
 Brazing: \_\_\_\_\_% Resistance: \_\_\_\_\_% Solid: \_\_\_\_\_% Arc: \_\_\_\_\_% Gas: \_\_\_\_\_%
9. Residential/Habitational: \_\_\_\_\_% New work: \_\_\_\_\_% Repairs: \_\_\_\_\_% Other \_\_\_\_\_%(explain): \_\_\_\_\_  
 Commercial: \_\_\_\_\_% New work: \_\_\_\_\_% Repairs: \_\_\_\_\_% Other \_\_\_\_\_%(explain): \_\_\_\_\_  
 Industrial: \_\_\_\_\_% New work: \_\_\_\_\_% Repairs: \_\_\_\_\_% Other \_\_\_\_\_%(explain): \_\_\_\_\_
10. Percentage of work on premise: \_\_\_\_\_% Percentage of work off premise: \_\_\_\_\_%

11. Permit system used?  No  Yes  
 Hot work permits obtained?  No  Yes
12. Is applicant certified?  No  Yes  
 AWS \_\_\_\_\_ ASME \_\_\_\_\_ Other \_\_\_\_\_
13. If gas is used, how is it transported and stored? \_\_\_\_\_
14. What fire protection is in place at the job site? \_\_\_\_\_
15. Are subcontractors used?  No  Yes
16. Approximate annual cost? \_\_\_\_\_  
 What work do they perform? \_\_\_\_\_

17. Are certificates of insurance required?  No  Yes What limits of liability? \_\_\_\_\_
18. Does the applicant work on any of the following? **(If "Yes," explain in detail below.)**

a. Live natural gas lines	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Work within refineries	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Drilling derricks	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Over-the-hole	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Operating crude or paraffin oil lines	<input type="checkbox"/> No <input type="checkbox"/> Yes
f. Any existing (not new construction) oil or gas lines	<input type="checkbox"/> No <input type="checkbox"/> Yes
g. In or around grain (bins, silos, elevators, etc.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
h. Any structural welding (ie bridge construction, buildings over 4 stories)	<input type="checkbox"/> No <input type="checkbox"/> Yes
i. Aircraft or aerospace	<input type="checkbox"/> No <input type="checkbox"/> Yes
j. Pressure vessels (ie boilers, tanks)	<input type="checkbox"/> No <input type="checkbox"/> Yes
k. Farm equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes

19. Who purges and certifies all lines prior to work being performed? \_\_\_\_\_

\* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

\* not applicable in all states  
 Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Producer: \_\_\_\_\_ Date: \_\_\_\_\_