



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

 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.