



## Welding Contractors Supplemental Application

### General Information

Named Insured: \_\_\_\_\_  
(If more than one – please provide a % of ownership for each name.)

Number of years you have operated under this name: \_\_\_\_\_

Please provide any other name(s) you have used previously as well as details of such operations: \_\_\_\_\_

Office Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

States in which you work: \_\_\_\_\_

Years experience in the field: \_\_\_\_\_  
(If less than 5 years – please attach resume.)

Web Address (if available): \_\_\_\_\_

Does the insured perform any work off shore or in any bay, marsh, or any other body of water? \_\_\_\_\_  
If Yes, explain \_\_\_\_\_

Does the insured perform any work within 1000 feet of an occupied structure? \_\_\_\_\_  
If Yes, Please explain \_\_\_\_\_

### Exposure Information

Gross receipts projected next twelve months: \_\_\_\_\_

First prior year: \_\_\_\_\_

Second prior year: \_\_\_\_\_

Annual Payroll less any owner/officers projected for the next twelve months: \_\_\_\_\_

First prior year: \_\_\_\_\_

Second prior year: \_\_\_\_\_

Number of Owners/Officers of the company: \_\_\_\_\_

Type of Work	% of Operations	Payroll	Receipts
Acetylene Welding			
Hydrogen Welding			
Electric Welding			
Arc Welding			
Other			

Other Operations: \_\_\_\_\_  
\_\_\_\_\_

Any Operations performed in the following States:

Pennsylvania? \_\_\_\_\_

New York? \_\_\_\_\_

California? \_\_\_\_\_

Nevada? \_\_\_\_\_

Does the insured do welding on pipelines or containers which have previously carried, or still carry any flammable liquids or gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Applicant responsible for closing any valves and/or bleeding pipelines? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Applicant responsible for testing containers to ensure that they are safe for welding operations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Does the applicant perform welding operations on live lines? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is responsible for shutting down gas lines? \_\_\_\_\_

Does the Applicant perform any of the following welding services?

Over the Hole? \_\_\_\_\_

In refineries? \_\_\_\_\_

Grain Elevators? \_\_\_\_\_

Trailer Hitches? \_\_\_\_\_

Automobile frames? \_\_\_\_\_

Pipe threading? \_\_\_\_\_

Fabrication/reconditioning of equipment? \_\_\_\_\_

Non- Oilfield Related Welding? \_\_\_\_\_

Hand Rails, Guardrails or similar structural components? \_\_\_\_\_

### **Independent Sub-Contractors Information**

Are MSA's used with sub-contractors? \_\_\_\_\_

Are Certificated of Insurance required and maintained on file? \_\_\_\_\_

Are required minimum limits of liability coverage equal to your own? \_\_\_\_\_

Do you require that they have coverage for underground property damage? \_\_\_\_\_

Do you require that they have coverage for pollution hazards? \_\_\_\_\_

Are you named as an Additional Insured with Waiver of Subrogation on the contractor's CGL policy? \_\_\_\_\_

Cost of independent Contractors? \_\_\_\_\_

### **Employment Practices/Safety Program**

Total Number of Employees: \_\_\_\_\_

Percentage of Turnover in the last 12 months \_\_\_\_\_

Are applications reviewed prior to employment? \_\_\_\_\_

Are references checked prior to hiring? \_\_\_\_\_

Are Physical Exams done prior to hiring? \_\_\_\_\_

Is your safety program in writing? \_\_\_\_\_

Is safety training given to all employees? \_\_\_\_\_

How often are safety meetings held? \_\_\_\_\_

Does the insured perform Drug and Alcohol testing? \_\_\_\_\_

Pre-employment \_\_\_\_\_ Post-accident \_\_\_\_\_ Reasonable Suspicion \_\_\_\_\_ Random \_\_\_\_\_

How are employees and equipment operators trained? \_\_\_\_\_

What is the average experience of the operators? \_\_\_\_\_

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date