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**Welding, Brazing and Cutting General Liability Supplemental Application**

(Complete in addition to ACORD General Liability Application)

Name of Applicant: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE”

**1. Indicate percentage of total operations for each type of welding/brazing/soldering process performed?**

Type of Process	Percent	Type of Process	Percent
Arc Welding	%	Laser Beam Welding	%
Brazing	%	Resistance Welding	%
Electron Beam Welding	%	Soldering	%
Electroslag Welding	%	Solid State Welding	%
Gas Welding	%	Thermite Welding	%
Induction Welding	%	Other (Describe below)	%

Describe “Other” process: \_\_\_\_\_  
 \_\_\_\_\_

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

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

- a. Number of employees certified only by American Welding Society: \_\_\_\_\_
- b. Number of employees certified only by American Society of Mechanical Engineers: \_\_\_\_\_
- c. Number of employees certified by both AWS and ASME: \_\_\_\_\_
- d. Number of employees that are not certified by either of the above: \_\_\_\_\_

**4. If work is performed by non-certified person, is work inspected and approved by a certified welder?** \_\_\_\_\_  Yes  No

**5. Total annual Payroll:** \_\_\_\_\_ \$

**Total annual Receipts:** \_\_\_\_\_ \$

**Total annual Subcontracted Costs:** \_\_\_\_\_ \$

**6. Work performed is:** \_\_\_\_\_% Residential \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial

7. Indicate percentage of annual receipts for each type of work performed:

Type of Work	Percent
Aircraft/Aerospace	%
Aluminum Containers	%
Amusement Devices—mechanical	%
Automobile/Truck/Bus:	
Accessories, Bins, Racks	%
Bumpers, Trailer Hitches	%
Frame or Axle Work	%
Roll Bars or Safety Cages	%
Other* (Describe below)	%
Bleachers	
Permanent	%
Portable	%
Boilers	%
Bridges	%
Building Construction (Structural):	
One or Two Story	%
Three to Five Story	%
Over Five Story	%
Caisson Work	%
Contractors Equipment*	%
Conveyor Systems	
Used in Mining	%
Other than Mining	%
Cutting of Scrap for Salvage or Recycling	%
Demolition Operations	%
Elevators or Feed Mills	%
Fabrication	%
Farm Equipment*	%
Fence/Gate	%
Forklift/Lift Truck Repair	%
Furniture	%
Guardrail Erection/Repair	%
Ladders	%
“Live Line” Process Piping	%
Logging Equipment	%

Type of Work	Percent
Machinery/Equipment*	%
Metal Erection:	
Balconies or Handrails	%
Catwalks or Staircases	%
Decorative or Artistic	%
Structural	%
Nonstructural	%
Outside Iron Work on Frame Structures	%
Standpipes, Watertowers, Silos	%
Off Shore Work*	%
Oil Field Work*	%
Oil Field Work—Over the Hole	%
Playground equipment	%
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	%
Gas (LPG, Natural, etc.)	%
Food/Beverage Processing	%
Gasoline/Oil	%
Water	%
Other* (Describe below)	%
Pressure Vessels (Not Tanks)	%
Railroad:	
Railroad Cars (other than tank cars)	%
Railroad Tank Cars	%
Railroad Tracks	%
Refinery, Chemical or Petrochemical Work	%
Security Doors	%
Shipbuilding	%
Tanks:	
Pressurized	%
Non-pressurized	%
Tuna Towers	%
Window Bars/Guards	%
Other* (Describe below)	%

Describe “other” work and explain in detail any operation indicated by \* above: \_\_\_\_\_

\_\_\_\_\_

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

If yes, describe: \_\_\_\_\_

**9. Off-Site/Mobile Operations:**

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

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

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

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

11. 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

12. Does the applicant rent welding equipment or supplies to others?.....  Yes  No

If yes, annual receipts:..... \$ \_\_\_\_\_

13. Does the applicant repair welding equipment for others?.....  Yes  No

If yes, are you factory authorized for such repairs?.....  Yes  No

14. Does applicant operate a machine shop?.....  Yes  No

15. Does applicant sell welding rods (wholesale or retail)?.....  Yes  No

16. Does the applicant offer rental, sales, service, filling or refilling of gas cylinders?.....  Yes  No

If yes, annual receipts:..... \$ \_\_\_\_\_

17. Does the applicant build or manufacture a finished product?.....  Yes  No

If yes, describe type of products manufactured: \_\_\_\_\_

18. Does applicant or subcontractor use explosives?.....  Yes  No

If yes, describe: \_\_\_\_\_

19. Does applicant perform any welding operations over three stories?.....  Yes  No

**20. Hold-Harmless Agreements:**

a. Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant?.....  Yes  No

b. Do others hold applicant harmless?.....  Yes  No

c. Does applicant agree to hold any third party harmless?.....  Yes  No

d. Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur?.....  Yes  No

21. Does applicant have Workers' Compensation coverage in force?.....  Yes  No

Does applicant lease employees?.....  Yes  No

22. Does applicant have Professional Liability coverage in force?.....  Yes  No

23. **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.**
- 24 **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?.....**  Yes  No  
 If yes, describe: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**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. **Not applicable in Nebraska, Oregon and Vermont.**

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_

\_\_\_\_\_