

**WELDERS SUPPLEMENTAL**

1. Named Insured: \_\_\_\_\_
2. Explain welding operations in detail: \_\_\_\_\_
3. Any structural welding over 3 stories?  Yes  No
4. Any metal erection?  Yes  No
5. Any fabrication of products?  Yes  No  
If yes, what is fabricated? \_\_\_\_\_
6. Percentage of work performed in shop \_\_\_\_\_ % , percentage of work performed on job site \_\_\_\_\_ %.
7. Do you install trailer hitches?  Yes  No If Yes, what percentage of operations? \_\_\_\_\_ %
8. Do you work on forklifts?  Yes  No If Yes, what percentage of operations? \_\_\_\_\_ %
9. Do you subcontract any work?  Yes  No If yes, what percentage do you subcontract? \_\_\_\_\_ %
10. Are Certificates of Insurance (with Limits of Liability at least equal to Limits requested on this policy) received on all subcontractors work?  Yes  No
11. Do you hold valid licenses as required by local or state laws and regulations?  Yes  No
12. For farm machinery, is there any modification or removal of safety devices or protective shrouds/shields?  
 Yes  No
13. Any of the following exposures?
 

Aircraft or aerospace (including component parts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto/Truck body or frame (including bumpers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grain (bins, elevators, silos)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Man-lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offshore work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil and Gas work (including refineries)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pressure vessels (i.e. boilers, tanks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Explain any yes responses: \_\_\_\_\_
14. Any of the following types of machinery?
 

Boiler or other pressure vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conveyors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cranes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydraulics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial (i.e. plant, factory, processing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Logging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mining?	<input type="checkbox"/> Yes <input type="checkbox"/> No

 Explain any yes responses: \_\_\_\_\_

15. Have you completed a Hot Works Program?

Yes  No

Signature of applicant:

\_\_\_\_\_

Date:

\_\_\_\_\_