

Welders Supplement Questionnaire

Agency Name: _____ Contact: _____

SGA Producer #: _____

Applicant Name: _____

Business Name: _____

Address _____

City, State, Zip _____

Base of Operations:

1. Does the application maintain a permanent shop? Yes No
2. What percentage of work is done in the shop? _____ %
3. What percentage of work is done at job sites or customer locations? _____ %
4. Work performed is? % Residential % Commercial % Industrial
5. Do you specialize in a certain industry or certain type of welding? Yes No
 If yes, describe: _____
6. What fire protection at the job site is in place? _____
7. Any structural welding over 3 stories? Yes No

8. Number of employees performing the following duties? _____
 Number of employees not certified? _____

What types of welding/brazing/soldering processes are performed? Provide % to total operations for each type performed and number(#) of employees certified for each process.

Type of Process	%	# Employees Certified	Type of Process	%	# Employees Certified
Brazing			Laser Beam Welding		
Arc Welding			Resistance Welding		
Gas Welding			Soldering		
Electron Beam Welding			Solid State Welding		
Electrosiag Welding			Thermite Welding		
Induction Welding			Other		

FULL DESCRIPTION OF OPERATIONS (Type of welding, e.g., metal erection, shop, oil field, factory and industrial, agricultural, etc)

9. Does the applicant do any of the following types of work?

Aircraft or aircraft parts Yes No

Auto or vehicle welding Yes No

Boiler and pressure vessel manufacturing or maintenance Yes No

Decorative Yes No

Oil field work Yes No

Pipeline work Yes No

Refinery work Yes No

Ship building operations Yes No

Structural Welding - load bearing Yes No

Structural Welding - non-load bearing Yes No

Tank work Yes No

Trailer hitches Yes No

10. Does the applicant work on to customers specifications? Yes No

11. Does the applicant design, produce, or manufacture any product, part, machine, or device? Yes No

12. Are records kept of all jobs? Yes No

13. Does the applicant subcontract any work? Yes No
If yes, how much? _____ %

14. What are the applicant's estimated annual receipts? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____

Producer _____

Signature: _____

Date: _____

Producer Signature: _____