



Welders Supplemental Application

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip Code _____

Number of years in business? _____ Payroll _____ Sales _____

Is any work subcontracted? _____ What is the cost? _____

Are certificates of insurance secured from subcontractors? _____

What limits of liability are carried by subcontractors? _____

Prior carrier and three- year loss history

<u>Carrier</u>	<u>Year</u>	<u>Premium</u>	<u>Describe Losses</u>

List and describe the last three jobs performed by the insured including the receipts:

Please provide a description of the typical work performed by the insured including customers served and end use of any products

Does the insured perform work for any of the following industries?

_____	Aerospace	_____	Industrial	_____	Refineries
_____	Aircraft	_____	Ladders	_____	Residential
_____	Automotive	_____	Medical	_____	Scaffolding
_____	Bridges	_____	Marine	_____	Structural Work
_____	Chemical	_____	Mining	_____	Tanks
_____	Commercial	_____	Oil/Gas	_____	Townhomes
_____	Condos	_____	Pipelines	_____	Tract Homes
_____	Cranes, Conveyors or Hydraulics	_____	Pressurized Vessels	_____	Trailer Hitches

If the answer is yes to any of the above, describe work performed. If there is structural welding, advise the number of stories and type of structural work being performed.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.

Applicant Signature

Date

Producer's Signature

Date