



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

**WELDING, BRAZING AND CUTTING APPLICATION SUPPLEMENT**  
(Complete in Addition to ACORD Application)

- Proposed First Named Insured & Other Named Insured(s):
- Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_
- Contact Name: \_\_\_\_\_ Web Site Address: \_\_\_\_\_
- Contact for Inspection/Audit: Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_
- Applicant is:  Individual  Partnership  Corporation  LLC  Joint Venture  
 Other (specify): \_\_\_\_\_
- Proposed Effective Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**BUSINESS INFORMATION**

- Number of Years in Business: \_\_\_\_\_ Number of Years Experience: \_\_\_\_\_
- Indicate type of welding / brazing / soldering processes performed and provide percentage of total operations for each type:

Brazing _____ %	Laser Beam Welding _____ %
Arc Welding _____ %	Resistance Welding _____ %
Gas Welding _____ %	Soldering _____ %
Electron Beam Welding _____ %	Solid State Welding _____ %
Electroslag Welding _____ %	Thermit Welding _____ %
Induction Welding _____ %	
Other _____ % (describe): _____	

- Percentage of operations performed: In Shop \_\_\_\_\_ % Off Site/Mobile \_\_\_\_\_ %
- Total number of employees performing welding / brazing duties:(a) \_\_\_\_\_  
Certified only by American Welding Society. \_\_\_\_\_  
(b) Certified only by American Society of Mechanical Engineers.(c) \_\_\_\_\_  
Certified by both AWS and ASME. \_\_\_\_\_  
(d) Not certified by any of the above.
- If work is performed by a non-certified person, is work inspected and approved by a certified welder?  Yes  No

- Total Annual Payroll \$ \_\_\_\_\_  
Total Annual Receipts \$ \_\_\_\_\_  
Total Annual Subcontracted Costs \$ \_\_\_\_\_

13. Work performed is: Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ %

- Does your company specialize in a certain industry or certain type of welding?  Yes  No  
If yes, describe: \_\_\_\_\_

- Off Site/Mobile Operations:  
Are fire extinguishers and first aid kits taken to each job site?  Yes  No

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

16. Indicate if any welding work is done on the following and provide percentage of annual receipts for each type of work:

Aircraft/Aerospace	_____	%	Metal Erection	_____	%
Aluminum Containers	_____	%	Decorative or Artistic	_____	%
Automobile/Truck/Bus	_____	%	Nonstructural	_____	%
Accessories, bins, racks	_____	%	Standpipes, water towers, silos	_____	%
Bumpers, trailer hitches	_____	%	Oil field work*	_____	%
Frame and/or Axle Work	_____	%	Oil field work – over the hole	_____	%
Roll Bars or Safety Cages	_____	%	Pipeline/Process Piping	_____	%
Other*	_____	%	Chemical (Non-Petrochem)	_____	%
Boilers	_____	%	Gas (LPG, Natural, etc.)	_____	%
Bridges	_____	%	Food/Beverage Processing	_____	%
Building Construction (Structural):			Gasoline/Oil	_____	%
One to Two Stories	_____	%	Water	_____	%
Three to Five Stories	_____	%	Pressure Vessels (Not Tanks)	_____	%
Over Five Stories	_____	%	Railroad Tracks	_____	%
Contractors Equipment*	_____	%	Railroad Cars	_____	%
Conveyor Systems	_____	%	Refinery Work	_____	%
Farm Equipment*	_____	%	Security Doors	_____	%
Fence/Gate	_____	%	Shipbuilding	_____	%
Forklift/Lift Truck	_____	%	Repair Tanks:		
Furniture	_____	%	Pressurized	_____	%
Guardrail Erection/Repair	_____	%	Non-Pressurized	_____	%
Logging Equipment	_____	%	Window Bars/Guards	_____	%
Industrial Mach/Equipment*	_____	%			
Other: _____	_____	%			

Explain in detail any operation indicated by \* above.

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 17. Does the applicant subcontract work to others?<br>If yes, describe type of subcontracted.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Any work done on existing Oil or Gas lines?<br>If yes, are all lines purged and flushed prior to welding?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does the applicant rent welding equipment or supplies to others?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Does the applicant repair welding equipment for others?<br>If yes, are you factory authorized for such repairs?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the applicant build or manufacture a finished product?<br>If yes, describe type of products manufactured.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Hold-Harmless Agreements:<br>Does applicant use a standard client contract, which outlines specific responsibilities of the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do others hold applicant harmless?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant agree to hold any third party harmless?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | <b>Yes</b>   | <b>No</b>  |
|---|--|--|
| 24. Does applicant have Workers' Compensation coverage in force?<br>Does applicant lease employees?   | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| 25. Does applicant have Professional Liability coverage in force?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 26. Does the applicant have a Web site?<br>If yes, web site address:  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 27. 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; (d) separate detailed narrative descriptions as required. |  |  |

**FRAUD STATEMENTS**

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

**LOUISIANA and MAINE:** 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.

Refer to the Core Application for all Fraud Statements.

**IMPORTANT NOTICE**

**DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS PPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**SIGNATURES**

Applicant Signature	Title	Date
Producer Signature		Date

Agent Name and Address