



Commercial Information Section

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

AGENCY: _____
AGENT NAME: _____
ADDRESS: _____

EMAIL: _____
PHONE: _____

PROPOSED EFFECTIVE / EXPIRATION DATES:

From: _____ To: _____

12:01 A.M., Standard Time at the address of the Applicant

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

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Year business started:** _____
3. **Describe all business operations conducted by applicant:** _____

4. Premises information:

| Loc # | BLD # | Street, City, County, State, Zip Code | City Limits | Interest |
|-------|-------|---------------------------------------|-------------|----------|
| | | | Inside | Owner |
| | | | Outside | Tenant |
| | | | Inside | Owner |
| | | | Outside | Tenant |
| | | | Inside | Owner |
| | | | Outside | Tenant |

5. Previous carrier and loss information (last five years):

Check if no losses last five years.

| Year | Company | Policy # | Premium |
|--|---------|----------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Any other insurance with this company or being sub-mitted? (Please list name[s] and/or policy number[s]): | | | |
| | | | |
| | | | |
| | | | |

| Date of Loss | Losses Paid/ Reserved | Description of Loss |
|--|--------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Any policy or coverage declined, cancelled or nonrenewed during the prior three years? Why? | | |
| | | |
| | | |
| | | |

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.

APPLICANT NAME AND TITLE: _____
(PRINT)

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____



WELDING, BRAZING AND CUTTING QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", those risks are ineligible for coverage.

1. Are you involved in any of the following types of work?

| | | |
|---|------------------------------|-----------------------------|
| a. Boiler and pressure vessel maintenance contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Aircraft and aircraft parts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Ship building operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Refinery work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Trailer hitches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Pipeline work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Oil field work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Pressurized tank classes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Auto and vehicle welding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Structural erection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Work above 3 stories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Work below ground level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Amusement rides or extreme sports equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Demolition, wreckage or salvage operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Safety or security equipment of any type? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Vehicles for use on public roads or their parts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Recreational vehicles of any type or their parts? (Autos, Boats, Ships, R.V.'s, A.T.V.'s, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

WELDING, BRAZING AND CUTTING QUESTIONS

1. What type of welding/brazing/soldering processes are performed? Provide percentage to total operations for each type performed:

| Type of Process | % | Type of Process | % |
|-----------------------|-------|------------------------|-------|
| Arc Welding | _____ | Laser Beam Welding | _____ |
| Brazing | _____ | Other (describe below) | _____ |
| Electron Beam Welding | _____ | Resistance Welding | _____ |
| Electroslag Welding | _____ | Soldering | _____ |
| Gas Welding | _____ | Solid State Welding | _____ |
| Induction Welding | _____ | Thermite Welding | _____ |

Describe "other" process: _____

2. Percentage of welding operations performed: In Shop _____ % Off-site/mobile _____ %
3. Work performed is: Residential: _____ % Commercial: _____ % Industrial: _____ %



4. Do you specialize in a certain industry or certain type of welding? Yes No
 If yes, describe: _____
5. Total number of employees performing welding/brazing duties: _____
 a. Certified by both or either the American Welding Society or American Society of Mechanical Engineers. _____
 b. Not certified by either the American Welding Society or American Society of Mechanical Engineers. _____
6. Is work performed by the non-certified person? Yes No
 If yes, is work inspected and approved by a certified welder? Yes No
7. What fire protection at the job site is in place?

TYPE OF OPERATIONS

7. What type of welding is being done? (metal erection, shop, oil field, factory and industrial, agricultural, etc.)

8. Is your work done only to customers' specifications? Yes No
9. Do you design, produce, or manufacture any product, part, machine or device? Yes No
 If yes, explain: _____
10. List the four largest projects undertaken in the past five years.

| Description | Job Cost | Project Duration |
|-------------|----------|------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(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.)

 Applicant Signature Title Date

 Producer Signature Date

 Producer Name and Address