COLONY SPECIALTY

Member Argo Group

INDUSTRIAL CASUALTY
WELDING SUPPLEMENTAL APPLICATION

1. Named Insured:_____
2. Address:_____
3. Description of Operations:_____
4. Years in Business:_____ Years of Experience: _____
5. List five most recent jobs:_____
   _____
6. Annual Gross Sales: $_____ Annual unlimited payroll: $_____
7. List Details of all claims in the past five years: _____
   _____
8. Form of Welding
   Brazing: _____% Resistance: _____% Solid: _____% Arc: _____% Gas: _____%
9. Residential/Habitational:_____% New work:___% Repairs:___% Other_____ %(explain):_____
   Commercial:_____% New work:___% Repairs:___% Other_____ %(explain):_____
   Industrial:_____% New work:___% Repairs:___% Other_____ %(explain):_____
10. Percentage of work on premise: _____% Percentage of work off premise: _____%
11. Permit system used? ☐ No ☐ Yes
    Hot work permits obtained? ☐ No ☐ Yes
12. Is applicant certified? ☐ No ☐ Yes
    AWS _____ ASME_____ Other _____
13. If gas is used, how is it transported and stored? _____
14. What fire protection is in place at the job site? _____
15. Are subcontractors used? ☐ No ☐ Yes
16. Approximate annual cost?_____
    What work do they perform? _____
17. Are certificates of insurance required? ☐ No ☐ Yes What limits of liability? _____
18. Does the applicant work on any of the following? **(If "Yes," explain in detail below.)**
    a. Live natural gas lines ☐ No ☐ Yes
    b. Work within refineries ☐ No ☐ Yes
    c. Drilling derricks ☐ No ☐ Yes
    d. Over-the-hole ☐ No ☐ Yes
    e. Operating crude or paraffin oil lines ☐ No ☐ Yes
    f. Any existing (not new construction) oil or gas lines ☐ No ☐ Yes
    g. In or around grain (bins, silos, elevators, etc.) ☐ No ☐ Yes
    h. Any structural welding (ie bridge construction, buildings over 4 stories) ☐ No ☐ Yes
    i. Aircraft or aerospace ☐ No ☐ Yes
    j. Pressure vessels (ie boilers, tanks) ☐ No ☐ Yes
    k. Farm equipment ☐ No ☐ Yes
    _____
19. Who purges and certifies all lines prior to work being performed? _____

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
* not applicable in all states

Applicant's signature:_____ Date:_____
Producer:_____ Date:_____