



WELDING SUPPLEMENT
(Include Acord 125/126 Applications)

Applicant's Name _____ Location Address: _____
Mailing Address _____

Description of Operations: _____

List five most recent jobs: _____

Annual payroll: \$ _____ Annual gross sales: \$ _____

Any claims? [] Yes [] No If yes, please describe: _____

Insured does: [] Brazing Types: _____ [] Resistance welding Types: _____
[] Solid welding Types: _____ [] Gas welding Types: _____
[] Arc (Electric) welding Types: _____

Does insured specialize in any particular type of welding operation? [] Yes [] No
If yes, please describe: _____

Indicate percentage of operations: New Work _____% Repairs _____% Other _____%

Years in business: _____ Years of experience: _____

Type of clients: [] Commercial [] Residential [] Industrial [] Other (describe) _____

Percentage of work on the insured premises _____% Percentage of work off premises _____%
If off premises, where? _____

Does the Insured use a permit system? [] Yes [] No Hot work permits obtained? [] Yes [] No

If gas is used, how is it transported and stored? _____

Does insured use subcontractors? [] Yes [] No If yes, type of work performed: _____

Approximate annual cost: \$ _____ Are certificates of insurance required? [] Yes [] No

Number of employees who are welders: _____ Any part-time? [] Yes [] No Are they certified? [] Yes [] No

Is insured certified? [] AWS [] ASME [] Not certified

Do you work on any of the following? (If yes, please explain in detail below)

- Live natural gas lines? [] Yes [] No Within refineries? [] Yes [] No
Drilling derricks? [] Yes [] No Any over-the-hole welding? [] Yes [] No
Operating crude or paraffin oil lines? [] Yes [] No Any grain elevator welding? [] Yes [] No
Trailer hitches? [] Yes [] No Any off-shore welding? [] Yes [] No
Auto or truck work? [] Yes [] No

