



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

SUPPLEMENTAL APPLICATION—WELDING, BRAZING AND CUTTING

(Complete in addition to ACORD Application)

1. Name of Applicant: _____

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

Type of Process	%
Brazing	
Arc Welding	
Gas Welding	
Electron Beam Welding	
Electroslag Welding	
Induction Welding	

Type of Process	%
Laser Beam Welding	
Resistance Welding	
Soldering	
Solid State Welding	
Thermite Welding	
Other (Describe below)	

Describe "Other" process: _____

3. Percentage of operations performed: In Shop ____% Off Site/Mobile ____%

4. Total number of employees performing welding/brazing duties..... _____
 Number of employees certified only by American Welding Society _____
 Number of employees certified only by American Society of Mechanical Engineers _____
 Number of employees certified by both AWS and ASME _____
 Number of employees that are not certified by either of the above..... _____

5. If work is performed by non-certified person, is work inspected and approved by a certified welder?..... Yes No

6. Total annual Payroll \$ _____
 Total annual Receipts..... \$ _____
 Total annual Subcontracted Costs \$ _____

7. Work performed is: ____% Residential ____% Commercial ____% Industrial

8. Does your company specialize in a certain industry or certain type of welding? Yes No
If Yes, describe: _____

9. Off-Site/Mobile Operations:

Are fire extinguishers and first aid kit taken to each job site? Yes No

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

10. Indicate percentage of welding work, if any, done on the following. Provide percentage of annual receipts for each type of work.

Type of Work	%
Aircraft/Aerospace	
Aluminum Containers	
Automobile/Truck/Bus:	
Accessories, Bins, Racks	
Bumpers, Trailer Hitches	
Frame and/or Axle Work	
Roll Bars or Safety Cages	
Other* (Describe below)	
Boilers	
Bridges	
Building Construction (Structural):	
One or Two Story	
Three to Five Story	
Over Five Story	
Contractors Equipment*	
Conveyor Systems	
Cutting of Scrap for Salvage or Recycling	
Elevators or Feed Mills	
Farm Equipment*	
Fence/Gate	
Forklift/Lift Truck Repair	
Furniture	
Guardrail Erection/Repair	
Logging Equipment	
Industrial Machinery/Equipment*	

Type of Work	%
Metal Erection:	
Decorative or Artistic	
Nonstructural	
Standpipes, Watertowers, Silos	
Balconies, Handrails or Stairway	
Off Shore Work*	
Oil Field Work*	
Oil Field Work—Over the Hole	
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	
Gas (LPG, Natural, etc.)	
Food/Beverage Processing	
Gasoline/Oil	
Water	
Other* (Describe below)	
Pressure Vessels (Not Tanks)	
Railroad Tracks	
Railroad Cars	
Refinery, Chemical or Petrochemical Work	
Security Doors	
Shipbuilding	
Tanks:	
Pressurized	
Non-pressurized	
Window Bars/Guards	
Other* (Describe below)	

Describe "other" work and explain in detail any operation indicated by * above: _____

11. Does the applicant subcontract work to others? Yes No

If Yes, describe type of work subcontracted: _____

12. Any work done on existing Oil or Gas Lines?..... Yes No

If Yes, are all lines purged and flushed prior to welding? Yes No

Are the lines ever pressurized during the work process? Yes No

13. Does the applicant rent welding equipment or supplies to others?..... Yes No

If Yes, annual receipts: \$ _____

14. Does the applicant repair welding equipment for others?..... Yes No

If Yes, are you factory authorized for such repairs? Yes No

15. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?..... Yes No

If Yes, annual receipts: \$ _____

16. Does the applicant build or manufacture a finished product? Yes No

If yes, describe type of products manufactured: _____

17. Hold-Harmless Agreements:

Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant? Yes No

Do others hold applicant harmless?..... Yes No

Does applicant agree to hold any third party harmless? Yes No

Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? Yes No

18. Does applicant have Workers' Compensation coverage in force? Yes No

Does applicant lease employees? Yes No

19. Does applicant have Professional Liability coverage in force?..... Yes No

20. Does the applicant have a Web site? Yes No

If Yes, provide Web site address: _____

21. 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; and (D) Separate detailed narrative descriptions as required.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail