

## Welding Supplemental Application

### General Information

Named Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location Address: \_\_\_\_\_

Detailed Description of Operations: \_\_\_\_\_

Years experience as a welder: \_\_\_\_\_

Years working in the oilfield: \_\_\_\_\_

Projected Gross Sales: \_\_\_\_\_ Projected Gross Payroll: \_\_\_\_\_

### Operational Information

#### Form of Welding:

Brazing \_\_\_\_\_% Resistance \_\_\_\_\_% Solid \_\_\_\_\_% Arc \_\_\_\_\_% Gas \_\_\_\_\_%

#### Type of Work

	New Work	Repairs	Other
Commercial	_____%	_____%	_____%
Industrial	_____%	_____%	_____%
Residential/Habitational*	_____%	_____%	_____%

\*Please provide details of any residential/habitational/condominium/apartment/townhouse work: \_\_\_\_\_

#### Are you involved with any of the following:

	Yes	No
Over the hole welding	<input type="checkbox"/>	<input type="checkbox"/>
Welding in refineries or petrochemical plants	<input type="checkbox"/>	<input type="checkbox"/>
Drilling derricks	<input type="checkbox"/>	<input type="checkbox"/>
Crude or paraffin lines	<input type="checkbox"/>	<input type="checkbox"/>
Existing pipelines	<input type="checkbox"/>	<input type="checkbox"/>
New pipelines	<input type="checkbox"/>	<input type="checkbox"/>
Grain bins, silos, elevators, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Farm Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Offshore or over the water	<input type="checkbox"/>	<input type="checkbox"/>
Structural welding (including bridge construction, high rise buildings)	* <input type="checkbox"/>	<input type="checkbox"/>

\* If yes, please detail the operation: \_\_\_\_\_

Other: \_\_\_\_\_

Percentage of work in shop: \_\_\_\_\_ % Percentage of work in field: \_\_\_\_\_ %

List five most recent jobs: 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

Are you certified? \*Yes  No   
If yes:  AWS  ASME  Other \_\_\_\_\_

Do you sell any welding supplies to any medical facilities? \*Yes  No   
If yes, please provide details: \_\_\_\_\_

Do you use a permit system? Yes  No

Are hot work permits obtained? Yes  No

Who is responsible for closing valves and bleeding pipelines or testing of containers to make sure they are safe for welding operations? \_\_\_\_\_

If gas is used, how is it transported and stored? \_\_\_\_\_

What fire protection is in place at the job site? \_\_\_\_\_

**Subcontractor Information**

Are subcontractors used? Yes  No

What work do they perform? \_\_\_\_\_

Approximate annual subcontractor cost: \_\_\_\_\_

Are certificates of insurance required? Yes  No

What limits of liability? \_\_\_\_\_

Are you named as Additional Insured on all subcontractors' policies? Yes  No

\_\_\_\_\_

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's signature: \_\_\_\_\_ Date: \_\_\_\_\_