

## Welding Operations Supplemental Application

Applicant Name: Business Address:
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Length of time in business in the name of the applicant firm: If less than three (3) years, provide details of prior experience.
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Total Annual Receipts:	\$
Owner/Partner Payroll:	\$
Total All Payroll:	\$
Cost of Subcontracted Work to Insured Subcontractors:	\$
Cost of Subcontracted Work to uninsured Subcontractors:	\$
Minimum Limits required of Subcontractors:	\$

Do you work on any following?

Live Natural Gas Lines	Yes		No		Receipts:
Work in Refineries	Yes		No		Receipts:
Oil Derricks	Yes		No		Receipts:
Over the Hole Welding	Yes		No		Receipts:
Playground Equipment	Yes		No		Receipts:
Structural Welding	Yes		No		Receipts:
Bridge or Truss Work	Yes		No		Receipts:
Trailer Hitches	Yes		No		Receipts:
Work on Automobiles	Yes		No		Receipts:
Work on Farm Machinery	Yes		No		Receipts:
Work on Aircraft	Yes		No		Receipts:
Grain Elevators	Yes		No		Receipts:

Provide details of any Trailer Hitch installation: Do you provide written instructions or warranties with regard to towing capacity:   Yes    No
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Provide details of work inspection procedures undertaken prior to leaving a worksite for any extended time period:
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Provide details of any products you manufacture:
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List all claims or occurrences that may give rise to a claim for the prior five (5) years: Include date of event, description of loss, whether open or closed and reserve or payment history.
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Is the applicant aware of any circumstance or incident that may give rise to a claim?   Yes    No
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Applicant Signature:	Date:
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