

## WELDING, BRAZING AND CUTTING QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

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

Do all professionals, and the business, have current licenses where required by statute?  Yes  No

If the business maintains a web site, state the address: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", those risks are ineligible for coverage.

1. Are you involved in any of the following types of work?
 

a. Boiler and pressure vessel maintenance contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Aircraft and aircraft parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Ship building operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Refinery work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Trailer hitches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Pipeline work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Oil field work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Pressurized tank classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Auto and vehicle welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Structural erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Work above 3 stories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Work below ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Amusement rides or extreme sports equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. Demolition, wreckage or salvage operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
o. Safety or security equipment of any type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
p. Vehicles for use on public roads or their parts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
q. Recreational vehicles of any type or their parts? (Autos, Boats, Ships, R.V.'s, A.T.V.'s, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### WELDING, BRAZING AND CUTTING QUESTIONS

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

Type of Process	%	Type of Process	%
Arc Welding	_____	Laser Beam Welding	_____
Brazing	_____	Other (describe below)	_____
Electron Beam Welding	_____	Resistance Welding	_____
Electroslag Welding	_____	Soldering	_____
Gas Welding	_____	Solid State Welding	_____
Induction Welding	_____	Thermite Welding	_____

Describe "other" process: \_\_\_\_\_

2. Percentage of welding operations performed: In Shop \_\_\_\_\_ % Off-site/mobile \_\_\_\_\_ %
3. Work performed is: Residential: \_\_\_\_\_ % Commercial: \_\_\_\_\_ % Industrial: \_\_\_\_\_ %



4. Do you specialize in a certain industry or certain type of welding?  Yes  No  
 If yes, describe: \_\_\_\_\_
5. Total number of employees performing welding/brazing duties: \_\_\_\_\_  
 a. Certified by both or either the American Welding Society or American Society of Mechanical Engineers. \_\_\_\_\_  
 b. Not certified by either the American Welding Society or American Society of Mechanical Engineers. \_\_\_\_\_
6. Is work performed by the non-certified person?  Yes  No  
 If yes, is work inspected and approved by a certified welder?  Yes  No
7. What fire protection at the job site is in place?  
 \_\_\_\_\_

**TYPE OF OPERATIONS**

7. What type of welding is being done? (metal erection, shop, oil field, factory and industrial, agricultural, etc.)  
 \_\_\_\_\_
8. Is your work done only to customers' specifications?  Yes  No
9. Do you design, produce, or manufacture any product, part, machine or device?  Yes  No  
 If yes, explain: \_\_\_\_\_
10. List the four largest projects undertaken in the past five years.

Description	Job Cost	Project Duration
	\$	
	\$	
	\$	
	\$	

**IMPORTANT NOTICE**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

\_\_\_\_\_  
 Applicant Signature Title Date

\_\_\_\_\_  
 Producer Signature Date

\_\_\_\_\_  
 Producer Name and Address