



GORST & COMPASS

INSURANCE

SUPPLEMENTAL APPLICATION—Welding, Brazing and Cutting

1. Name of Applicant: _____
2. What type of welding / brazing / soldering processes are preformed? 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..... _____
No. of employees certified only by American Welding Society..... _____
No. of employees certified only by American Society of Mechanical Engineers..... _____
No. of employees certified by both AWS and ASME..... _____
No. 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.

Contact Person: _____ Phone Number: _____

Applicant's Signature

Date

Applicable in the State of Florida:

Agent's Name: _____

Agent's License No. _____