



**WELDING SUPPLEMENT**

To be completed in conjunction with the MUSIC Garage Application

Applicant Name: \_\_\_\_\_

**OPERATIONS**

Passenger Restraining Devices	_____ %	Roll Bars or Safety Cages	_____ %
Brakes and/or Brake Linings	_____ %	Trailer Hitches	_____ %
Frame Work	_____ %	Fabrication	_____ %
Straightening	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:	_____
Cutting/Stretching	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	_____ %	Describe:	_____

- 1) Do you weld anything other than the autos described in the Garage Application?  Yes  No  
If yes, describe: \_\_\_\_\_ Percentage of Operations \_\_\_\_\_%
- 2) Describe where welding operations are performed: On Premises \_\_\_\_\_% Off Premises \_\_\_\_\_%  
Details of Off Premises exposure: \_\_\_\_\_
- 3) What type of protection is in the welding area?  
 Fire Extinguishers  Sprinklers  No Smoking Signs  Welding Blankets or Screens
- 4) What materials are stored in the welding area? \_\_\_\_\_
- 5) Where are gas cylinders stored when not in use? \_\_\_\_\_
- 6) Are the gas cylinders stored in an upright position?  Yes  No
- 7) Are the gas cylinders chained to a post or wall?  Yes  No
- 8) Do you build or manufacture a finished product?  Yes  No  
If yes, describe: \_\_\_\_\_
- 9) Do you utilize Subcontractors in your operations?  Yes  No  
If yes, do you obtain:  
A Certificate of Liability Insurance?  Yes  No  
Additional Insured Endorsement Naming you as Additional Insured?  Yes  No

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

