



SCOTTSDALE INSURANCE COMPANY®

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SUPPLEMENTAL APPLICATION—Welding, Brazing and Cutting

(Complete in addition to ACORD Application)

- 1. Name of Applicant:
2. What type of welding / brazing / soldering processes are preformed? Provide percentage of total operations for each type performed:

Table with 2 columns: Type of Process, %
Rows: Brazing, Arc Welding, Gas Welding, Electron Beam Welding, Electroslag Welding, Induction Welding

Table with 2 columns: Type of Process, %
Rows: 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?
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?
If Yes, describe:
9. Off Site/Mobile operations:
Are fire extinguishers and first aid kit taken to each job site?
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. _____