

## MUSIC Welding Supplemental Application

 Applicant's Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 Agent Name \_\_\_\_\_  
 \_\_\_\_\_

 Address \_\_\_\_\_  
 \_\_\_\_\_

 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Effective Date:

From \_\_\_\_\_ To \_\_\_\_\_

(12:01 am Standard Time at the address of the Applicant)

Web Address \_\_\_\_\_

 Applicant is:     Individual     Corporation     Partnership     Joint Venture     LLC     Other \_\_\_\_\_

States of Operation \_\_\_\_\_

 Licensed?     Yes     No

Radius of Operation from main location \_\_\_\_\_ miles

License Type \_\_\_\_\_

Years doing business under current name \_\_\_\_\_ years

License # \_\_\_\_\_

Years of Experience \_\_\_\_\_ years    (Must have 3 years experience as a welding contractor)

 Have you worked under any other name?     Yes     No

If yes, please explain: \_\_\_\_\_

**\*NOTE:** Aircraft or Aerospace Welding, Bridge building or repair, Burglar bar fabrication/installation, Feed mills or grain elevators, Hot tap welding, Oilfield welding, Pipeline or tank welding (if contents are corrosive, flammable, toxic fluids or gases), Railroad operations, Refineries or chemical or petrochemical plant welding, Ship/Watercraft repair, and Hydraulic Conveyor systems are **PROHIBITED** operations.

Limits of Liability Requested	
Each Occurrence	\$
Personal & Advertising Injury	\$
Products & Completed Operations Aggregate	\$
General Aggregate	\$
Damages to Premises Rented to you	\$
Medical Expense (any one person)	\$
Other Coverages, Restrictions, or Endorsements requested:	
Deductible	\$                      BI/PD per Claim - LAE

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Description of Operations \_\_\_\_\_

Type of Work	%	Type of Work	%
Aluminum Containers:		Metal Erection:	
Automobile/Truck/Bus:		Decorative or Artistic:	
Accessories, Bins, Racks, Bumpers:		Nonstructural:	
Roll Bars or Safety cages:		Standpipes, Water Towers, Silos:	
Axle Work:		Live Natural Gas Lines:	
Balcony, Stairway or Handrail Fabrications:		Drilling Derricks, Rigs or Platforms:	
Contractors Equipment:		Pressure Vessels (no tanks):	
Farm Machinery Repair:		Security Doors:	
Fence/Gate:		Tanks:	
Forklift/Lift Truck Repair:		Pressurized:	
Baby Furniture:		Non-pressurized:	
Guardrail Erection/Repair:		Trailer Hitches:	
Logging Equipment:		Other (describe below):	
Industrial Machinery/Equipment			

Describe and "Other" type of work performed: \_\_\_\_\_

## Form of Welding

Arc: \_\_\_\_\_ % Brazing: \_\_\_\_\_ % Gas: \_\_\_\_\_ % Resistance: \_\_\_\_\_ % Solid: \_\_\_\_\_ %

Residential/Habitational \_\_\_\_\_ % New Work \_\_\_\_\_ % Repairs \_\_\_\_\_ % Other: \_\_\_\_\_ %

Commercial \_\_\_\_\_ % New Work \_\_\_\_\_ % Repairs \_\_\_\_\_ % Other: \_\_\_\_\_ %

Industrial \_\_\_\_\_ % New Work \_\_\_\_\_ % Repairs \_\_\_\_\_ % Other: \_\_\_\_\_ %

Percentage of operations performed: In Shop \_\_\_\_\_ % Off Site/Mobile \_\_\_\_\_ %

Total number of employees # \_\_\_\_\_ Total Annual Payroll \$ \_\_\_\_\_

Total Annual Receipts \$ \_\_\_\_\_ Total annual Subcontracted Costs \$ \_\_\_\_\_

Is applicant properly licensed and trained?  Yes  No

Does applicant utilize adequate fire extinguishers & first aid kit on premises & job site?  Yes  No

Describe site precautions to prevent fire losses or injury to others: \_\_\_\_\_

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Does applicant subcontract work to others?  Yes  No

If yes, describe type of work subcontracted: \_\_\_\_\_

Are Certificates of Insurance required?  Yes  No

Does the applicant rent welding equipment &/or supplies to others?  Yes  No

If yes, provide annual receipts: \$ \_\_\_\_\_

Does the applicant repair welding equipment for others?  Yes  No

If yes, is applicant factory authorized for such repairs?  Yes  No

Does the applicant offer rentals, sales, service or filling or refilling of gas cylinders?  Yes  No

If yes, provide annual receipts: \$ \_\_\_\_\_

Does the applicant build or manufacture a finished product?  Yes  No

If yes, describe type of products manufactured: \_\_\_\_\_

### Hold-Harmless Agreements:

Does the applicant use a standard client contract, which outlines the responsibilities of the applicant?  Yes  No

Do others hold applicant harmless?  Yes  No

Does the applicant agree to hold any third party harmless?  Yes  No

Does the applicant have both Automobile Liability & Worker's Compensation in force?  Yes  No

Does the applicant lease employees?  Yes  No

**In the past 3 years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to you?**  Yes  No

If yes, please describe. \_\_\_\_\_

**Do you have any known events occurred prior to the proposed effective date of this policy that may result in a claim?**  Yes  No

If yes, please describe. \_\_\_\_\_

### Loss History

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status (Open or Closed)

## MUSIC Welding Supplemental Application


### Prior Carrier Information

Year	Carrier	Premium

This questionnaire does not bind the Applicant 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.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

## MUSIC Welding Supplemental Application

Agents Signature

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\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_