

## WELDING, BRAZING AND CUTTING QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

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

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES", you are not eligible for coverage:

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

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a. Boiler and pressure vessel welding?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Aircraft and aircraft parts?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Ship building or repair operations?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Work at oil refineries or chemical plants?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| e. Welding on trailer hitches?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| f. Oil or gas pipeline work?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| g. Oil or gas field work?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| h. Oil or gas platform work?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| i. Welding on operating parts of auto's trucks or busses?                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| j. Structural erection above 3 stories high?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| k. Work below ground level?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| l. Amusement rides or extreme sports equipment?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| m. Demolition, wreckage or salvage operations?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| n. Safety or security equipment of any type?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| o. Work on railroads or railroad equipment?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| p. Work on bridges or bridge supports?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| q. Recreational vehicles of any of their parts (Boats, Snowmobiles, RV's, ATV's, etc.)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

2. Is more than 30% of all work subcontracted out?  Yes  No

### GENERAL INFORMATION

1. Percentage of welding operations performed: In Shop? \_\_\_\_\_ % Off-site/mobile? \_\_\_\_\_ %
2. Work performed is: Residential? \_\_\_\_\_ % Commercial? \_\_\_\_\_ % Industrial? \_\_\_\_\_ %
3. Do you subcontract work to others?  Yes  No
- a. What type of work is subcontracted: \_\_\_\_\_
- b. Are certificates of GL and WC insurance obtained from subcontractors?  Yes  No

4. Do you perform design, engineering or architectural work?  Yes  No
5. Do you design, produce, or manufacture any complete product, machine or device?  Yes  No
- a. If "YES," explain: \_\_\_\_\_
6. List the four largest projects undertaken in the past five years.

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

7. Indicate percentage of welding work, if any, done on the following. Provide percentage of annual receipts for each type of work.

Type of Work	%
Aluminum Containers	
Automobile/Truck/Bus:	
Accessories, bins, racks	
Bumpers, trailer hitches*	
Frame and/or Axle work*	
Roll bars or safety cages*	
Building Construction (Structural)	
One or Two Story	
Over Three Stories	
Contractors Equipment*	
Conveyor Systems	
Elevators or Feed Mills	
Farm Equipment*	
Fence/Gates	
Forklift/Lift truck Repair	
Furniture	
Highway guardrail Erection/Repair	

Type of Work	%
Logging Equipment*	
Industrial Machinery/Equipment*	
Metal Erection:	
Decorative or Artistic	
Nonstructural	
Standpipes, water towers, silos	
Balconies, handrails or stairway	
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	
Food/Beverage Processing	
Water	
Security Doors	
Tanks:	
Pressurized	
Non-pressurized	
Window Bars/Guards	
Other* (describe below)	



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

Describe "other" work and explain in detail any operation marked with an \* above:

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**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.)

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Applicant Signature	Title	Date
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Producer Signature	Date
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