



PO Box 949, Troy, OH 45373
 (800) 648-0357 Fax: (877) 311-6887
 www.coxspecialty.com

Agent Name _____
 and Address _____
 Phone _____ Fax _____

Welders Supplemental Application

General Information

Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____
 Web Address _____ Phone _____

Number of years experience _____
 Number of years the business has been in this location _____
 Number of years the applicant has owned this business _____ Check if New Venture
 Hours of Operation From _____ To _____ Number of days business is open per week _____
 Radius of operation from main location (miles): _____
 States of operation: _____

Licensed? Yes No License type: _____ License no: _____

Have you owned another business under a different name or entity? Yes No
 If yes, please explain: _____

Do you own any other businesses or have any other locations? Yes No
 If yes, please explain: _____

Type of Work	Percentage
Aluminum Containers	%
Automobile / Truck / Bus:	%
Accessories, Bins, Racks, Bumpers:	%
Roll Bars or Safety Cages:	%
Axle Work:	%
Balcony, Stairway or Hand rail Fabrications:	%
Contractors Equipment:	%
Farm Machinery Repair:	%
Fence / Gate:	%
Forklift / Lift Truck Repair:	%
Baby Furniture:	%
Guardrail Erection / Repair:	%
Logging Equipment:	%
Industrial Machinery / Equipment:	%

Type of Work	Percentage
Metal Erection:	%
Decorative or Artistic:	%
Non-structural:	%
Standpipes, Water Towers, Silos:	%
Live Natural Gas Lines:	%
Drilling Derricks, Rigs or Platforms:	%
Pressure Vessels (no tanks):	%
Security Doors:	%
Tanks:	%
Pressurized:	%
Non-pressurized:	%
Trailer Hitches:	%
Other (describe below):	%

Totals 100%

Form of Welding

Arc: _____ % Brazing: _____ % Gas: _____ % Resistance: _____ % Solid: _____ % = 100%

Residential / Habitational: _____ % New Work: _____ % Repairs: _____ % Other (describe) _____ %

Commercial: _____ % New Work: _____ % Repairs: _____ % Other (describe) _____ %

Industrial: _____ % New Work: _____ % Repairs: _____ % Other (describe) _____ %

Percentage of operations performed: in shop _____ % Percentage of operations performed: off site / mobile: _____ %

Total number of employees: _____

Total annual payroll: \$ _____ Total annual receipts: \$ _____ Total annual sub-contracted costs: \$ _____

Is the applicant properly licensed and trained? Yes No

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

Describe site precautions to prevent fire losses or injury to others: _____

Does the applicant sub-contract work to others? Yes No

If yes, describe type of work sub-contracted: _____

Are certificates of insurance required? Yes No

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

If yes, provide annual receipts: \$ _____

Does the applicant repair welding equipment for others? Yes No

If yes, is the 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: _____

Do you install trailer hitches? Yes No

Do you work on forklifts? Yes No

Do you determine the flammability of contents in a building prior to welding? Yes No

Do you clear as much combustible material as possible from the building prior to beginning the operation? Yes No

Do you install trailer hitches? Yes No

Any structural welding including bridge construction or high-rise buildings? Yes No

Does the applicants work involve refineries or chemical or petrochemical plants? Yes No

If yes, explain: _____

Does the applicants work involve welding in or around grain elevators or field mills? Yes No

If yes, explain: _____

Does the applicants work on conveyor systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve aircraft or aerospace welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve live natural gas lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve drilling derricks, rigs or platforms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve over-the-hole welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve off-shore welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve burglar bar fabrication / installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve hot tap welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve pipeline or tank welding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve railroad operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Does the applicants work involve ship / watercraft repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		

Loss Control Procedures

Are signs posted to indicate welding is going on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are spectators cleared from the welding area to prevent injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what safety procedures are followed? _____		
Are barriers put up around the work site to protect bystanders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are screens put up at the work site to prevent ultraviolet radiation from straying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant ever turn off a client's sprinkler system in order to perform hot work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant always carry a portable extinguisher to work site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant ensure that someone remains at the site 30 minutes after the operation is complete to watch for a possible fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hold Harmless Agreements

- Does the applicant use a standard client contract, which outlines the responsibilities of the applicant? Yes No
- Do others hold the applicant harmless? Yes No
- Does the applicant agree to hold any third party harmless? Yes No
- Does the applicant have both Automobile Liability and Workers Compensation in force? Yes No
- Does the applicant lease employees? Yes No

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
 Signature _____
 Date _____

Producer _____
 Signature _____
 Date _____