

☐ **Scottsdale Insurance Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

WELDING, BRAZING AND CUTTING GENERAL LIABILITY SUPPLEMENTAL APPLICATION
 (Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

 Mailing Address: _____

 Location Address: _____

Agency Name: _____
 Agent No.: _____
 Address: _____

 E-mail: _____
 Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Indicate percentage of total operations for each type of welding/brazing/soldering process performed:

Type of Process	Percent
Arc Welding	%
Brazing	%
Electron Beam Welding	%
Electroslag Welding	%
Gas Welding	%
Induction Welding	%

Type of Process	Percent
Laser Beam Welding	%
Resistance Welding	%
Soldering	%
Solid State Welding	%
Thermite Welding	%
Other (Describe below)	%

Describe "Other" process: _____

2. Percentage of operations performed: In Shop ____% Off-Site/Mobile ____%

3. Total number of employees performing welding/brazing duties:
 a. Number of employees certified only by American Welding Society:.....
 b. Number of employees certified only by American Society of Mechanical Engineers:.....
 c. Number of employees certified by both AWS and ASME:.....
 d. Number of employees that are not certified by either of the above:

4. If work is performed by non-certified person, is work inspected and approved by a certified welder? ☐ Yes ☐ No

5. **Total annual Payroll:** \$ _____
Total annual Receipts: \$ _____
Total annual Subcontracted Costs: \$ _____
6. **Work performed is:**..... Residential ____% Commercial ____% Industrial ____%
7. **Indicate percentage of annual receipts for each type of work performed:**

Type of Work	Percent
Aircraft/Aerospace	%
Aluminum Containers	%
Amusement Devices—Mechanical	%
Automobile/Truck/Bus:	
Accessories, Bins, Racks	%
Bumpers, Trailer Hitches	%
Frame or Axle Work	%
Roll Bars or Safety Cages	%
Other* (Describe below)	%
Bleachers:	
Permanent	%
Portable	%
Boilers	%
Bridges	%
Building Construction (Structural):	
One or Two Story	%
Three to Five Story	%
Over Five Story	%
Caisson Work	%
Contractors Equipment*	%
Conveyor Systems:	
Used in Mining	%
Other than Mining	%
Cutting of Scrap for Salvage or Recycling	%
Demolition Operations	%
Elevators or Feed Mills	%
Fabrication	%
Farm Equipment*	%
Fence/Gate	%
Forklift/Lift Truck Repair	%
Furniture	%
Guardrail Erection/Repair	%
Ladders	%
“Live Line” Process Piping	%
Logging Equipment	%

Type of Work	Percent
Machinery/Equipment*	%
Manufacturing Operations	%
Metal Erection:	
Balconies or Handrails	%
Catwalks or Staircases	%
Decorative or Artistic	%
Structural	%
Nonstructural	%
Outside Iron Work on Frame Structures	%
Standpipes, Watertowers, Silos	%
Off Shore Work*	%
Oil Field Work*	%
Oil Field Work—Over the Hole	%
Playground Equipment	%
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	%
Gas (LPG, Natural, etc.)	%
Food/Beverage Processing	%
Gasoline/Oil	%
Water	%
Other* (Describe below)	%
Pressure Vessels (Not Tanks)	%
Railroad:	
Railroad Cars (other than tank cars)	%
Railroad Tank Cars	%
Railroad Tracks	%
Refinery, Chemical or Petrochemical Work	%
Security Doors	%
Shipbuilding	%
Tanks:	
Pressurized	%
Non-pressurized	%
Tuna Towers	%
Window Bars/Guards	%
Other* (Describe below)	%

Describe "other" work and explain in detail any operation indicated by * above: _____

8. Does your company specialize in a certain industry or certain type of welding?..... ☐ Yes ☐ No

If yes, describe: _____

9. Off-Site/Mobile Operations:

a. Are fire extinguishers and first aid kit taken to each job site?..... ☐ Yes ☐ No

b. Describe site preparation procedures taken to prevent fire losses or injury to others: _____

10. Does the applicant subcontract work to others?..... ☐ Yes ☐ No

If yes, describe type of work subcontracted: _____

11. 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

12. Does the applicant rent welding equipment or supplies to others?..... ☐ Yes ☐ No

If yes, annual receipts:..... \$ _____

13. Does the applicant repair welding equipment for others?..... ☐ Yes ☐ No

If yes, are you factory authorized for such repairs?..... ☐ Yes ☐ No

14. Does applicant operate a machine shop?..... ☐ Yes ☐ No

15. Does applicant sell welding rods (wholesale or retail)?..... ☐ Yes ☐ No

16. Does the applicant offer rental, sales, service, filling or refilling of gas cylinders?..... ☐ Yes ☐ No

If yes, annual receipts:..... \$ _____

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

If yes, describe type of products manufactured: _____

18. Does applicant or subcontractor use explosives?..... ☐ Yes ☐ No

If yes, describe: _____

19. Does applicant perform any welding operations over three stories?..... ☐ Yes ☐ No

20. Hold-Harmless Agreements:

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

b. Do others hold applicant harmless?..... ☐ Yes ☐ No

c. Does applicant agree to hold any third party harmless?..... ☐ Yes ☐ No

d. Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur?..... ☐ Yes ☐ No

21. Does applicant have Workers' Compensation coverage in force?..... ☐ Yes ☐ No

22. Does applicant lease employees?..... ☐ Yes ☐ No

23. Does applicant have Professional Liability coverage in force? ☐ Yes ☐ No
24. 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.
25. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... ☐ Yes ☐ No
If yes, describe: _____

26. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☐ No
If yes, explain and advise where insured: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

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

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

I agree to maintain signed waivers, time and usage sheets as permanent records. I also agree to have all customers read and sign a waiver form for use of sun tanning equipment.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.