

Welding, Brazing and Cutting SUPPLEMENTAL APPLICATION

NAMED INSURED	SOCIAL SECURITY NUMBER	DATE
POLICY NUMBER	AGENCY	

1. How many years has the owner been in business? _____
 If less than three years, please describe prior experience:

2. Does the insured specialize in a certain industry or a certain type of welding? YES NO
 If yes, explain: _____

3. Are the insured's clients:
 Residential..... YES NO
 Commercial..... YES NO
 Industrial..... YES NO

4. Please give examples of welding jobs done in the past year: _____

5. Does the insured have any contracts with specific business firms?..... YES NO
 If yes, please explain: _____

6. List and describe any products made in the past three years:

7. Is protective equipment such as goggles, masks and gloves provided for the insured's employees? YES NO

8. What percentage of the insured's welding is done off premises?
 _____ %

9. Does the insured carry portable fire extinguishers and a first aid kit with him/her to each job site? YES NO

Please continue on reverse.



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10. What type of fire check is used on the customer's premises when welding is completed? _____

11. How are oxygen, acetylene and inert gas cylinders secured during transportation? _____

12. Does the insured offer pickup and delivery services? YES NO

13. Any installation of products? YES NO

If yes, explain: _____

