



MUSIC Welding Supplemental Application

Applicant's Name _____

Agent Name _____
 Address _____

Mailing Address _____

Proposed Effective Date:
 From _____ To _____

Web Address _____

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

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)

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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 _____



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Agents Signature

Date
