

Policy Number
Name of Applicant/Insured

Welding Questionnaire

1. Please describe all work being performed by yourself, employees, and any sub-contracted laborers:

2. How long have you been in business? _____

3. Are you fabricating a specific item? If so, describe the item and its use

4. Are you involved in the erection of any buildings/structures? If so what size?

5. Are you involved with any hot line welding?

6. Are you involved with any welding on any type of rig after it has been erected?

7. Are you involved with any welding in plants/refineries? If so, how often?

8. Do you use any subcontract labor? _____

9. Do you require and collect certificates of insurance from ALL subcontractors?
If yes, please attach copies. _____

10. What are your gross annual receipts for the last 3 years:

Year 1: _____
Year 2: _____
Year 3: _____

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11. Are any out of state operations ever done? If so, indicate the states that you have or plan to work in:

12. Please list your last 5 jobs:

Project Name	Nature of Work	Contract Cost
1.		
2.		
3.		
4.		
5.		

13. How many owners/officers are there in the business? _____

What is your employee payroll (excluding clerical)? _____

What is your day labor cost of hire? _____

What is the cost of hire for subcontractors that are NOT insured? _____

What is the cost of hire for subcontractors that ARE insured? _____

14. Are you involved with the manufacturing and/or installation of any handicapped modifications or accessories? If so, please describe in detail.

15. Are you involved with any guardrail repair or installation? If so, what percentage of your work does this comprise?

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of Applicant

Date