

**Business Competitive Edge Insurance Services, Inc.**

Local Phone: (916) 434-6078, Local Fax: (916) 434-6092

Toll-Free Phone: (800) 407-0-FREE, Toll-Free Fax: (800) 807-0-FREE

E-mail: Alex@BeyerInsurance.biz

Mailing Address: P.O. Box 1418, Lincoln, CA 95648

**WELDING SUPPLEMENT**

(Include Acord application)

Applicant's Name \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Description of Operations: \_\_\_\_\_  
\_\_\_\_\_

List five most recent jobs: \_\_\_\_\_  
\_\_\_\_\_

Annual payroll: \$ \_\_\_\_\_ Annual gross sales: \$ \_\_\_\_\_ (must be under \$500,000 to be eligible for program)

Any claims? Yes No If yes, please describe: \_\_\_\_\_

Insured does: Brazing Types: \_\_\_\_\_ Resistance welding Types: \_\_\_\_\_

Solid welding Types: \_\_\_\_\_ Gas welding Types: \_\_\_\_\_

Arc (Electric) welding Types: \_\_\_\_\_

Does insured specialize in any particular type of welding operation? Yes No

If yes, please describe: \_\_\_\_\_

Indicate percentage of operations: New Work \_\_\_\_\_% Repairs \_\_\_\_\_% Other \_\_\_\_\_%

Years in business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Type of clients: Commercial Residential Industrial Other (describe) \_\_\_\_\_

Percentage of work on the insured premises \_\_\_\_\_% Percentage of work off premises \_\_\_\_\_%

If off premises, where? \_\_\_\_\_

Does the Insured use a permit system? Yes No Hot work permits obtained? Yes No

If gas is used, how is it transported and stored? \_\_\_\_\_

Does insured use subcontractors? Yes No If yes, type of work performed: \_\_\_\_\_

Approximate annual cost: \$ \_\_\_\_\_ Are certificates of insurance required? Yes No

Number of employees who are welders: \_\_\_\_\_ Any part-time? Yes No Are they certified? Yes No

Is insured certified? AWS ASME Not certified

Please answer for oil related welding: Do you work on any of the following? (If yes, please explain in detail below)

Live natural gas lines? Yes No Within refineries? Yes No

Drilling derricks? Yes No Any over-the-hole welding? Yes No

Operating crude or paraffin oil lines? Yes No Any grain elevator welding? Yes No

Trailer hitches? Yes No Any off-shore welding? Yes No

Auto or truck work? Yes No

Any existing (not new construction) oil or gas lines? Yes No

Any structural welding (i.e., bridge construction, high rise buildings)? Yes No

Any work on cranes, conveyors, or hydraulics? Yes No

Work in or around areas with explosives or pollutants? Yes No

Are all lines purged and flushed before welding? Yes No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

Applicant's Signature \_\_\_\_\_

Producer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**"We Shop the Insurance Market So You Don't Have To!"**