



ROBERT A. SCHNEIDER AGENCY, INC.

Minnesota
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Welding Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

Web Address _____

Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is [] Individual [] Partnership [] Corporation [] Joint Venture [] LLC [] Other _____

Location #1 _____

Location #2 _____

Location #3 _____

UNDERWRITING INFORMATION

1. What type of welding process is used (Resistance, plasma, gas, laser etc.)? _____

2. Explain in detail the type of welding done; and type of equipment you weld on (structural, manufacturing etc.).

3. List the type of industries in which you provide welding services. _____

4. Any trailer hitches welded? [] Yes [] No

5. Describe any products fabricated. _____

Size of Equipment? _____

End usage? _____

6. Do all welders have a certificate from the American Welding Society? [] Yes [] No

7. Does a certified welder inspect the work? [] Yes [] No

8. What fire protection is in place at the job site? _____

9. Indicate what percentage of work is on or off premises.

On premises ____ % Off premises ____ %

10. Is applicant involved in any Metal Erection? [] Yes [] No

11. Does applicant do any structural welding over 3 stories? [] Yes [] No

12. Does applicant have any Oil and Gas work:

Over the hole or drilling derricks or rigs?..... [] Yes [] No

Welding on oil or gas tanks, lines or pipes? [] Yes [] No

Refineries or chemical plants? [] Yes [] No

UNDERWRITING INFORMATION (Continued)

13. Does applicant have any of the following exposures?

- Welding in or around grain bins, silos, and elevators?..... Yes No
- Aircraft or aerospace welding?..... Yes No
- Bridges?..... Yes No
- Pressure Vessels (i.e. boilers, tanks)?..... Yes No

14. Does applicant have any of the following types of machinery?

- Conveyors?..... Yes No
- Cranes?..... Yes No
- Forklifts?..... Yes No
- Farm Equipment?..... Yes No

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Producer's Signature	Date	Applicant's Signature	Date
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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.

FRAUD STATEMENT

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.