

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – WELDERS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:		Date:
Insured:		
Mailing Address:		
Website Address:		
Contact Name:		Phone Number:

PROHIBITED

Check here to confirm NO welding exposures related to any the following (past, present or contemplated):

- | | | |
|---|--|--|
| • Aircraft-Aerospace | • Custom Trailer Manufacturing | • Pipelines-Tanks if related to corrosive-flammable-toxic fluids-gases |
| • Amusement-Recreational Devices | • Explosives | • Playground Equipment |
| • Auto Axles-Bumpers-Chassis-Frames-Hitches-Roll Bars or Cages-Safety Equipment | • Exterior Work above 72' | • Railroad related |
| • Bleachers | • Feed Mills | • Refineries-Chemical-Petrochemical Plants |
| • Boiler-Pressure Vessels | • Gas Lines | • Ship or Watercraft |
| • Bridges-Tunnels | • Grain Elevators | • Standpipes |
| • Burglar window bars-guards | • Logging or Lumbering Equipment | • Street-Road to include Guardrails |
| • Caisson-Cofferdam | • Mining | • Utility Welding Rod Sales |
| • Condos-Townhomes-Tract Homes (if new-ground-up) | • Offshore | • Welding Equipment Repair |
| • Cranes-Hoists-Ladders-Lifts-Scaffolding | • Oil-Gas | • Welding Gas Filling-Rental-Sales-Service |
| | • Pipelines-Tanks if related to corrosive-flammable-toxic fluids-gases | |

Check here to confirm insured does NOT have these types welding exposures:

- | | |
|-----------------|--|
| • Electron Beam | • Thermite |
| • Laser Beam | • Hot tapping or Pressure tapping including Live-Line work |

SUBMIT

Check all that are applicable. Submit for approval required.

- | | | |
|---|---|--|
| <input type="checkbox"/> Catwalk-Mezzanine | <input type="checkbox"/> Machine Shop Exposures | <input type="checkbox"/> Staircases |
| <input type="checkbox"/> Conveyor Work | <input type="checkbox"/> Manufacturing. Operations | <input type="checkbox"/> Trailer Hitches |
| <input type="checkbox"/> Installation-Service-Repair of Machinery-Equipment | <input type="checkbox"/> Outside Work on Frame Structures | |

CONTRACTORS - WELDERS - SUPPLEMENTAL APPLICATION

YEARS IN BUSINESS / EXPERIENCE / LOSS HISTORY

Years in business as the 'Named Insured' indicated on this application: _____ years

Years' experience in the operations indicated on this application: _____ years

Yes No If less than 3 years in business has one or more certifications that are either: American Welding Society, American Society of Mechanical Engineers, or National Center for Construction Education/Research

Yes No Applicant has had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain. *(Missouri Applicants - Do not answer this question)*

Yes No Applicant currently in receivership

Yes No Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

Yes No Losses in the past 3 years (If yes, attach loss history.)

LICENSE

License Number: _____

Year issued: _____

OPERATIONS

Yes No Commercial Work _____%

Yes No Industrial Work _____%

Yes No Residential Work _____% (New-Ground-Up Construction)

Yes No Residential Work _____% (Additions, Remodeling, Repair, Service)

Yes No Off-Premises Work _____%

Yes No Off-Premises Work _____%

Describe Off-Premises Work (if any):

Yes No Contracts – Written contracts always used.

Yes No Flammables, Solvents and Welding Tanks are properly stored

Yes No Off Site - Portable fire extinguishers provided, and fire watch procedures in place

Yes No Repair and/or Service related work is always 'factory authorized'

Yes No Flammables, Solvents and Welding Tanks are properly stored

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- Describe type of work performed by subcontractor(s):

Risk Transfer – Subcontractors:

Yes No A.I.A. Standards followed when establishing contracts with subcontractors

Yes No Additional Insured – Status granted to you on the subcontractor's policy

Yes No Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you

Yes No Hold harmless and Indemnification Agreements – Required from subcontractors

Yes No Job to Job - Same set(s) of subcontractors usually used

Yes No Limits of Liability - Subcontractors are required to carry limits equal or above your own

Yes No Uninsured subcontractors – Sometimes used – Explain:

Yes No Workers compensation (if applicable) – Subcontractors required to have their own WC

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EMPLOYEES

- Total Number of Employees (include leased employees): _____

PAYROLLS / COSTS / RECEIPTS

PAYROLL – Owner(s) (Cap at \$16,000 per Owner)	\$
PAYROLL - All Employee(s) (if any)	\$
PAYROLL - Leased Employee(s) (if any)	\$
COST of Insured Subs (if any)	\$
COST of Uninsured Subs (if any)	\$
RECEIPTS – Annual Total from All Operations*	\$

- **Submit if annual receipts exceed \$500,000**

COVERAGE OPTIONS - LIABILITY (Check if you'd like an optional quote on any of the following)

- Cyber Suite
- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability (HLGL limited to one additional layer of \$1MM, Not available if any structural work)
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Pollution Exclusion – Limited Exception for Short-Term Event – U146
- Professional Extension – Contractors Professional Liability Coverage Limitation – U146
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (Check if you'd like an optional quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- The answers are true, correct and complete to the best of his/her knowledge.
- They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.

SIGN AND DATE:

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE