

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
 www.scottsdaleins.com

SUPPLEMENTAL APPLICATION—WELDING, BRAZING AND CUTTING

(Complete in addition to ACORD Application)

1. Name of Applicant: _____

2. What type of welding/brazing/soldering processes are performed? Provide percentage of total operations for each type performed:

Type of Process	Percent
Arc Welding	
Brazing	
Electron Beam Welding	
Electroslag Welding	
Gas Welding	
Induction Welding	

Type of Process	Percent
Laser Beam Welding	
Resistance Welding	
Soldering	
Solid State Welding	
Thermite Welding	
Other (Describe below)	

Describe "Other" process: _____

3. Percentage of operations performed: In Shop _____% Off Site/Mobile _____%

4. Total number of employees performing welding/brazing duties..... _____
 Number of employees certified only by American Welding Society _____
 Number of employees certified only by American Society of Mechanical Engineers _____
 Number of employees certified by both AWS and ASME _____
 Number of employees that are not certified by either of the above..... _____

5. If work is performed by non-certified person, is work inspected and approved by a certified welder? Yes No

6. Total annual Payroll \$ _____
 Total annual Receipts..... \$ _____
 Total annual Subcontracted Costs \$ _____

7. Work performed is: _____% Residential _____% Commercial _____% Industrial

8. Does your company specialize in a certain industry or certain type of welding? Yes No
 If Yes, describe: _____

9. Off-Site/Mobile Operations:

Are fire extinguishers and first aid kit taken to each job site? Yes No

Describe site preparation procedures taken to prevent fire losses or injury to others: _____

10. Indicate percentage of welding work, if any, done on the following. Provide percentage of annual receipts for each type of work.

Type of Work	Percent
Aircraft/Aerospace	
Aluminum Containers	
Amusement devices - mechanical	
Automobile/Truck/Bus:	
Accessories, Bins, Racks	
Bumpers, Trailer Hitches	
Frame and/or Axle Work	
Roll Bars or Safety Cages	
Other* (Describe below)	
Bleachers	
Permanent	
Portable	
Boilers	
Bridges	
Building Construction (Structural):	
One or Two Story	
Three to Five Story	
Over Five Story	
Caisson work	
Contractors Equipment*	
Conveyor Systems	
Used in Mining	
Other than Mining	
Cutting of Scrap for Salvage or Recycling	
Demolition Operations	
Elevators or Feed Mills	
Fabrication	
Farm Equipment*	
Fence/Gate	
Forklift/Lift Truck Repair	
Furniture	
Guardrail Erection/Repair	
Ladders	

Type of Work	Percent
"Live Line" process piping	
Logging Equipment	
Machinery/Equipment*	
Metal Erection:	
Balconies, Handrails, Staircases, Catwalks	
Decorative or Artistic	
Nonstructural	
Outside iron work on frame structures	
Standpipes, Watertowers, Silos	
Off Shore Work*	
Oil Field Work*	
Oil Field Work—Over the Hole	
Playground equipment	
Pipeline/Process Piping:	
Chemical (Non-Petrochem)	
Gas (LPG, Natural, etc.)	
Food/Beverage Processing	
Gasoline/Oil	
Water	
Other* (Describe below)	
Pressure Vessels (Not Tanks)	
Railroad Cars	
Railroad Tracks	
Refinery, Chemical or Petrochemical Work	
Security Doors	
Shipbuilding	
Tanks:	
Pressurized	
Non-pressurized	
Tuna towers	
Window Bars/Guards	
Other* (Describe below)	

Describe "other" work and explain in detail any operation indicated by * above: _____

11. Does the applicant subcontract work to others? Yes No
 If Yes, describe type of work subcontracted: _____
12. Any work done on existing Oil or Gas Lines?..... Yes No
 If Yes, are all lines purged and flushed prior to welding? Yes No
 Are the lines ever pressurized during the work process? Yes No
13. Does the applicant rent welding equipment or supplies to others?..... Yes No
 If Yes, annual receipts: \$ _____
14. Does the applicant repair welding equipment for others?..... Yes No
 If Yes, are you factory authorized for such repairs? Yes No
15. Does applicant sell welding rods (wholesale or retail)?..... Yes No
16. Does the applicant offer rental, sales, service or filling or refilling of gas cylinders?..... Yes No
 If Yes, annual receipts: \$ _____
17. Does the applicant build or manufacture a finished product? Yes No
 If Yes, describe type of products manufactured: _____

18. Does applicant use explosives? Yes No
 If Yes, describe: _____

19. Does applicant perform any welding operations over three stories? Yes No
20. Hold-Harmless Agreements:
 Does the applicant use a standard client contract, which outlines the specific responsibilities of the applicant?..... Yes No
 Do others hold applicant harmless?..... Yes No
 Does applicant agree to hold any third party harmless? Yes No
 Does applicant assume, by contract or verbally, responsibility for any injury or damage that may occur? Yes No
21. Does applicant have Workers' Compensation coverage in force?..... Yes No
 Does applicant lease employees?..... Yes No
22. Does applicant have Professional Liability coverage in force?..... Yes No
23. Does the applicant have a Web site?..... Yes No
 If Yes, provide Web site address: _____
24. Attach (A) Any descriptive advertising literature; (B) Copy of applicants' standard contract with clients'; (C) Copies of all agreements in which the applicant has assumed liability; and (D) Separate detailed narrative descriptions as required.

FRAUD WARNING:

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

CONTACT PERSON: _____

CONTACT PERSON'S PHONE NUMBER: _____