

Welding Supplemental

NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH

Name of Applicant _____ ZIP Code (of premises) _____ State _____

Website _____ Previous Policy (for renewals) _____

1. Does the applicant do at least 80% of welding work at client job sites? Yes No
2. Does the applicant perform welding work in oil fields, petroleum pipelines, or mining operations? Yes No
 If yes, what percentage of the work performed is in these areas? _____%
3. Does the applicant have a shop where welding is performed for business purposes? Yes No
 If yes, does the shop keep regular hours? Yes No
 What percentage of the welding work is done at the shop? _____%
4. Does the applicant perform machinery or equipment repair, service or install not involving welding? Yes No
 If yes, what percentage of the work is machinery or equipment repair? _____%
If greater than 50% of work, please complete the supplemental application for Machinery or Equipment Repair.
5. Does the applicant primarily fabricate or install fences, gates, or railings? Yes No
6. Fill out the following table according to percentage of total welding performed.

| | | |
|------------|-----|---|
| Farm | | % |
| Industrial | | % |
| Other | | % |
| Total | 100 | % |

If other, describe: _____

7. Does the applicant provide welding services for new residential construction projects? Yes No
8. Does the applicant primarily work on new home construction or expect to work on more than two new homes in the same development? Yes No
9. Fill out the following table regarding workers performing welding work.

| | Number | Payroll |
|-----------------------|--------|---------|
| Active Owners* | | |
| Non-Owner Employees** | | |

* Include only owners and executives performing or supervising welding work
 ** Exclude owners and executives; include supervisory employees

10. Is any casual or temporary labor used which was not included in the previous payroll amount? Yes No
 If yes, what is the payroll of casual or temporary labor? _____
11. Are subcontractors used? Yes No
 If yes, what are the total subcontractor costs including materials? _____
12. Is any work done other than welding? Yes No
 If yes, describe other operations. _____

This Supplement is a part of the Application and will be relied upon by the Company as an integral part of the Application.

Applicant's Signature _____

Date _____