



Texas Specialty Underwriters, Inc.
 510 Turtle Cove Blvd., Suite 200
 Rockwall, Texas 75087
 Voice (972) 771-5653 Fax (972) 722-5392 Watts (800) 442-7050



**WELDING MINI PROGRAM
 SUPPLEMENTAL APPLICATION**

Agents Name: _____

Address: _____

Phone: _____

Fax: _____

Date: _____

Insured: _____ Location: _____

Description of Operations: _____

List five most recent jobs: _____

Annual payroll: \$ _____

Annual Gross Sales: \$ _____ (note: must be under \$500,000 to be eligible for program.)

Any claims? Describe: _____

Insured does:

Brazing (types) _____ Resistance Welding (types) _____

Solid Welding (types) _____ Arc (Electric) Welding (types) _____

Gas Welding (types) _____

Does insured specialize in any particular type of welding operations? _____

New work _____% Repairs _____% Other _____%

Years in Business: _____ Years of Experience: _____

Type of clients: Commercial Industrial Residential Other

Where work is performed:

Percentage of work on the insured premises? _____%

Percentage of work 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? _____

Who performs work:

Does insured use subcontractors? Yes No

If yes, what work is 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.*)

- | | | |
|---|------------------------------|-----------------------------|
| 1. Live natural gas lines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Within refineries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Drilling derricks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Any over-the-hole welding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Operating crude or paraffin oil lines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Any existing (not new construction) oil or gas lines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Any grain elevator welding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Any structural welding (ie. bridge construction, high rise buildings)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are all lines purged and flushed before welding? Yes No

I hereby certify that all information is accurate to the best of my knowledge.

Applicants Signature: _____ **Date:** _____

Producer: _____ **Date:** _____