



Texas Specialty Underwriters, Inc.

510 Turtle Cove Blvd., Suite 200

Rockwall, Texas 75087

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Agents Name: _____

Address: _____

Phone: _____

Fax: _____



WELDING MINI PROGRAM SUPPLEMENTAL APPLICATION

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? Yes No
2. Within refineries? Yes No
3. Drilling derricks? Yes No
4. Any over-the-hole welding? Yes No
5. Operating crude or paraffin oil lines? Yes No
6. Any existing (not new construction) oil or gas lines? Yes No
7. Any grain elevator welding? Yes No
8. Any structural welding (ie. bridge construction, high rise buildings)? Yes 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: _____