

Covers mobile and field welding contractors working at customers' sites, including structural, pipe, repair, and fabrication-and-install welding. Shop fabricators use CWCO-SUP-METALFAB. Complete with ACORD 125, 126, and 130.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL

AWS / OTHER WELDER CERTIFICATIONS	WELDING RIGS / TRUCKS

2 OPERATIONS

PERIOD	DIRECT PAYROLL (\$)	EMPLOYEES	SUBCONTRACTOR COSTS (\$)	GROSS RECEIPTS (\$)

Periods: next 12 months (estimated); prior 12 months; second prior year.

TYPE OF WORK	% OF RECEIPTS

Types: structural steel; pipe and pipeline; equipment and machinery repair; railings, gates, and ornamental; tanks and vessels; other.

2-1 Does the applicant weld inside occupied buildings or buildings under renovation? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant weld in confined spaces or on tanks that held flammables? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Does the applicant perform structural or load-bearing welds? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — HOT WORK & FIRE

Welding sparks can smolder unseen and ignite hours after the welder leaves, and hot work is a recurring cause of fires in buildings under renovation. A hot-work permit, cleared combustibles, and a fire watch that stays after the work ends are the core defenses.

3-1 Is a written hot-work permit completed for every job outside a designated welding area? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-2 Are combustibles moved at least 35 feet away or covered with fire-resistant blankets? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-3 Is a fire watch posted during hot work? ☐ Yes ☐ No
 IF YES, EXPLAIN

3-4	Does the fire watch continue at least 30-60 minutes after work ends?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-5	Is a charged fire extinguisher at every welding location?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-6	Are building fire alarms and sprinklers kept active (or a fire watch added) during work?	☐ Yes ☐ No
IF YES, EXPLAIN		
3-7	Has a fire started from the applicant's work in the last 10 years?	☐ Yes ☐ No
IF YES, EXPLAIN		

4 EXPOSURE & RISK QUESTIONS — FUME, CONFINED SPACES & STRUCTURAL WELDS

4-1	Is welding fume controlled with ventilation or respirators?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-2	If yes to 2-2, is a confined-space permit program followed, with atmosphere testing?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-3	If yes to 2-2, are tanks cleaned and tested gas-free before welding?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-4	If yes to 2-3, are structural welders certified to AWS D1.1 or the governing code?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-5	Are certificates of insurance collected from every subcontractor before work begins?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-6	Is the applicant named as additional insured on subcontractors' policies, on a primary and non-contributory basis?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-7	Does every subcontractor sign a written contract with a hold-harmless clause in the applicant's favor?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-8	Are subcontractors required to carry workers' compensation, with proof verified?	☐ Yes ☐ No
IF YES, EXPLAIN		
4-9	Are subcontractors' insurance limits at least equal to the applicant's?	☐ Yes ☐ No
IF YES, EXPLAIN		

5 PAYROLL & RECEIPTS SUMMARY

TOTAL ANNUAL PAYROLL (\$)	ANNUAL GROSS RECEIPTS (\$)	SUBCONTRACTOR COSTS (\$)

6 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

GL CARRIER / LIMITS

TOOLS / EQUIPMENT LIMIT

COMMERCIAL AUTO CARRIER

6-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years?

☐ Yes ☐ No

IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED (\$)	OPEN / CLOSED

6-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one?

☐ Yes ☐ No

IF YES, EXPLAIN

7 RISK MANAGEMENT

7-1 Are welding cylinders secured upright and capped when not in use?

☐ Yes ☐ No

IF YES, EXPLAIN

7-2 Are welders trained on hot-work permits before working at customer sites?

☐ Yes ☐ No

IF YES, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)

TITLE

DATE

PRODUCER — CORY WASHINGTON & CO. LLC

PRODUCER SIGNATURE (TYPE FULL NAME)

DATE