



MCFALL GENERAL AGENCY, INC.

6443 SW BEAVERTON-HILLSDALE HWY, SUITE 350

PORTLAND, OREGON 97221-4210

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WELDING SUPPLEMENTAL APPLICATION

(Attach to Acord Application or Renewal Information Sheet)

Proposed effective date: _____ Proposed expiration date: _____

Applicant's Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Location Address: _____ City: _____ State: _____ Zip: _____

LIMITS OF LIABILITY REQUESTED:

General Aggregate	\$ _____
Products and Completed Operations Aggregate	\$ _____
Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____
Fire Damage (Any One Fire)	\$ _____
Medical Expense (Any One Person)	\$ _____

Please answer all of the following questions.

I. Explain in detail the type of welding done (Shop, Oil Field, Erection, Etc.) _____

II. Please answer for all welding risks:

A. Advise fire protection devices: _____

B. Who is your prior insurance carrier? _____ Policy #: _____

C. Has risk ever been cancelled? ► Yes ► No Has risk ever been non-renewed? ► Yes ► No

D. State total number of employees, officers and payroll of each: _____

E. How many certified welders are employed? _____

F. Do you install trailer hitches? ► Yes ► No _____ %

G. Give total receipts: _____

H. Is work checked by qualified welder? ► Yes ► No

III. Please answer for oil-related welding:

A. 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 (i.e. bridge construction, high rise buildings)? ▶ Yes ▶ No

B. * Please explain all "yes" answered questions above:

C. Complete loss history in detail: _____

I DECLARE TO THE BEST OF MY KNOWLEDGE THAT ALL STATEMENTS HEREIN ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. I AM ALSO AWARE THAT MY OPERATION MAY BE INSPECTED BY THE INSURANCE COMPANY.

Applicant's Signature/Title	Date
Witness	Date

Agent:

- Are you personally familiar with the Applicant's operations? ▶ Yes ▶ No
- Did your office control this risk in the past year? ▶ Yes ▶ No

Agent's Signature	Date
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Agent's Name: _____

Address: _____

Phone Number: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.