



**COLONY INSURANCE COMPANY  
WELDING MINI PROGRAM  
SUPPLEMENTAL APPLICATION**

General 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) \_\_\_\_\_
- Solid Welding (types) \_\_\_\_\_
- Gas Welding (types) \_\_\_\_\_
- Resistance Welding (types) \_\_\_\_\_
- Arc (Electric) 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: \_\_\_\_\_