

**COVER X**  
**Oil Field Welders Supplemental Questionnaire**

1. Type of operation

Type	Yes	No
Acetylene Welding		
Hydrogen Welding		
Electric Welding		
Arc Welding		
Other		
Total Annual Projected Receipts:	\$	
Owner/Partner Projected Payroll:	\$	
Total All Projected Payroll:	\$	
Cost of Subcontracted Work to Insured Subcontractors:	\$	
Cost of Subcontracted Work to uninsured Subcontractors:	\$	
Minimum Limits required of Subcontractors:	\$	

2. Length of time in business under the applicant name \_\_\_\_\_
3. Any offshore or wet exposures \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, who is responsible for transportation to the jobsite \_\_\_\_\_
4. Does applicant do welding on pipelines or containers which have previously carried, or still carry any flammable liquids or gas? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Is applicant responsible for closing valves and bleeding pipelines or testing container to ensure they are safe for welding operations? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Does applicant perform welding operations on live lines? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, who is responsible for shutting down gas lines? \_\_\_\_\_
7. Does applicant perform the following types of welding

Type	Yes	No
Over-the-hole?		
In refineries?		
Trailer hitches?		
In Grain Elevators?		
Automobile frames?		
Pipe threading or straightening?		
Fabrication or reconditioning of equipment?		
Non Oil Field welding?		

8. Has the applicant had any liability claims, incidents or circumstances that could give rise to a claim in the past five years? \_\_\_\_\_ Yes \_\_\_\_\_ No.  
 If yes, please provide complete details.
9. Has any insurer cancelled or refused to renew Commercial General Liability coverage for the applicant during the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_