



AssuredPartners Northeast, LLC

8 Stanley Circle - Latham NY 12110

P (518) 783-8801 * F (518) 783-0345

Paul.Andrews@assuredpartners.com

**If you are completing this application electronically, please select the space next to or below the question to fill in your response.*

Insured Name:
 DOT #:
 Insured Address:

1) Welding Hard Good Sales

Welding Supplies \$
 Medical Equipment Sales (If Any) \$

Describe In Detail The Medical Equipment Sold: (Use An Additional Sheet If Needed)

Cylinder rentals: \$
Total hard goods sales & cylinder rentals: \$ *

2) Gas Sales

Medical Gas Sales: \$
 Aviation Gas Sales: \$
 Acetylene Gas Manufacturing Sales: \$

You Must Complete The Acetylene Questionnaire On Page 3 If Any Mfg Is Done!

All Other Gas Sales: \$
Total Gas Sales: \$ *

(Note: In Addition To The Above Gas Sales Figures, You Must Complete The Gas Volumes And Sales Information By Gas On Page 2.)

3) Rental Receipts (other than cylinder rentals)

Total Receipts From Rental: \$ *

Describe Items Rented:

(Note: Please Include A Copy Of The Rental Agreement If Annual Rental Receipts Exceed \$100,000.)

4) Fire Extinguishers Sales, Installation, Service And Repair

Total receipts from sales of portable fire extinguishers: \$ *

Total receipts from installation, service and repair of portable fire extinguishers: \$ *

Does insured install or service any fixed extinguishing systems? Yes No
 Describe completely (use additional pages if needed):

5) Other sales, manufacturing, installation, service or repair:

Total sales: \$ *

Describe operations and products completely (use additional pages if needed):

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6) Does insure requalify cylinders YES NO

If yes, is insured approved by dot to do this? Yes No

If requalification done for others? Yes No

Receipts \$ *

Total Receipts From All Operations (Noted By* In Right Column): \$

GAS VOLUME CHART

Please complete the following information on gas volume and sales of gases sold and/or distributed by you. This information is needed to properly rate the general liability exposure for your insurance. Please be as complete as possible. If any gas you sell is not listed, please add it to the chart and indicate the appropriate volume and sales data. If you use volume measures other than shown (i.e.: lbs, gallons, cu ft). Please indicate both the units and sales of that product.

Gas	Sales	Volume
Oxygen	\$	CU FT
Medical Oxygen	\$	CU FT
Argon	\$	CU FT
Nitrogen	\$	CU FT
Carbon Dioxide	\$	LBS
Hydrogen	\$	CU FT
Helium	\$	CU FT
Propane	\$	Gallons
Propylene	\$	Gallons
Mapp	\$	CU FT
Sulfur Dioxide	\$	CU FT
Chlorine	\$	CU FT
Ammonia	\$	CU FT
Nitrous Oxide	\$	LBS
Acetylene (List the Acetylene Volume here for gas not manufactured by you)	\$	CU FT
Compressed Air	\$	CU FT
Other Gases Not Listed Above		
	\$	
	\$	
	\$	
	\$	
	\$	

Note: If specialty gas mixtures are sold and/or distributed, please include these above. Designate the mixture by showing the gases in the mixture followed by the % of that gas in the mixture (example) OX 50%; NI 50%)

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PROPANE

1) Describe your propane customer base as follows:

Customer Base	Sales	Gallons
Fork Lift Fuel Sale	\$	
Other Commercial	\$	
Contractor Sales	\$	
Walk-in (unknown use)	\$	
Other	\$	

Describe other:

2) Percent of propane sold that is delivered on your vehicles? %

3) Do you deliver any propane in bulk (other than in individual cylinders carried to customers)?
 Yes No

Describe the number and type of vehicles used for bulk propane distribution:

4) Is there any sales, rental, installation, service or repair of equipment used to store propane? Yes No

If yes, please describe in detail (Use additional pages if needed):

ACETYLENE GAS MANUFACTURING SUPPLEMENT

1) Describe the type of manufacturing equipment installed:

2) Date of original installation?

Last rebuild?

Distance of gas manufacturing from other property? **Please attach site diagram with clear spaces and distances indicated on all sides.**

3) Is calcium carbide stored inside after opening? Yes No

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4) Is a nitrogen purge maintained on open carbide storage bins? Yes No

Does insured ever transfill acetylene produced by others into their owned cylinders?

Yes No

Describe completely the q/c method used by insured to verify purity of acetylene transfilled:

WELDING FUMES SUPPLEMENT (optional additional coverage)

Limit Requested: \$

1) Total annual sales of welding rods including but not limited to welding wire, welding stick electrodes, torches, torch tips, and cutting or grinding wheels or disks.

Total annual sales: \$

2) Do you sell any welding consumables not in the manufacturer's original sealed packaging?

Yes No

Describe completely any yes answers (use an additional sheet if needed).

3) Are any of the products noted in #2 above sold under the insured's private label?

Yes No (Skip to next question.)

Describe completely any yes answers (use an additional sheet if needed).

4) Does the insured sell any foreign made products?

Yes No (Skip to next question.)

a) Total sales of all imported welding wire or electrodes: \$

b) Percent of sales above imported directly to you: %

Important: if you are importing or selling imported products, you must answer the following two items:

a) **If you are selling foreign made products imported by others:** Provide a certificate of insurance or other evidence of insurance that clearly shows who is importing the products and that they have U.S. product liability insurance in place.

b) **If you are selling products you are importing directly into the U.S.:** Provide a listing of what the product is, 2) the country of origin, and 3) your total sales of each product (use an additional sheet if needed).

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- 5) Any prior notice of injury claim, or suit for bodily injury resulting from exposure to fume producing products?
 Yes No (Skip to next question.)

Describe any yes answers completely (use an additional sheet if needed).

- 6) Does the insured conduct any welding or cutting operations?
 Yes No

Describe any yes answers completely (use an additional sheet if needed).

- 7) Is the insured protected by a written defense agreement in place from any manufacturer defending them from lawsuits arising from that manufacturers products?
 Yes No

Please attach a copy of the agreement.

FRAUD WARNING STATEMENTS BY STATE

ARKANSAS, LOUISIANA:

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

VIRGINIA, TENNESSEE, MAINE:

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits."

COLORADO:

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

DISTRICT OF COLUMBIA:

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurers or any other person. Penalties include imprisonment and/or fines. In addition an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

FLORIDA:

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

KENTUCKY:

"Any person who knowingly and with intent to defraud any insurance company or any 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."

NEW JERSEY:

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

NEW MEXICO:

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"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in a application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."

NEW YORK:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto, commits a fraudulent insurance acts, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO:

"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."

OKLAHOMA:

"WARNING: Any person, who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

PENNSYLVANIA:

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 a person to criminal and civil penalties."

COMPLETED BY (*Signature*): _____

PRINT NAME/TITLE: _____

DATE: _____