

**AssuredPartners Northeast, LLC**

8 Stanley Circle,  
Latham, NY 12110

---

**WELDING SUPPLY PROGRAM APPLICATION**

---

**Insured Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Insured Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

Purposed Effective Date: \_\_\_\_\_

Description of named Insureds operations: \_\_\_\_\_  
\_\_\_\_\_

**Sales**

- 1) Welding Hard Good Sales \$ \_\_\_\_\_
- 2) Welding Rod/Wire Sales \$ \_\_\_\_\_
- 3) Gas Sales – Total (Please complete exhibit #1) \$ \_\_\_\_\_
- 4) Acetylene Manufacturing Sales \$ \_\_\_\_\_
- 5) Fumes Extraction Equipment \$ \_\_\_\_\_
- 6) Fire Extinguisher Sales, Installation, Service, Repair \$ \_\_\_\_\_
- 7) Cylinder Rental Sales \$ \_\_\_\_\_
- 8) Other Rental Sales; Please describe: \_\_\_\_\_ \$ \_\_\_\_\_

**Welding Wire/Rod Questionnaire**

- 1) How long have you been selling rod/wire? \_\_\_\_\_
- 2) Do you currently have an indemnity agreement with rod/wire manufacturer? \_\_\_\_\_

**Cylinder Rental**

- 1) Do you requalify cylinders (y/n)? \_\_\_\_\_  
If yes, are you DOT certified to requalify cylinders (y/n)? \_\_\_\_\_  
Is any requalification done by others (y/n)? \_\_\_\_\_

**Transportation**

- 1) Average number of daily deliveries. \_\_\_\_\_
- 2) Average miles per delivery trip. \_\_\_\_\_
- 3) Number of delivery vehicles. \_\_\_\_\_
- 4) Description of products transported. \_\_\_\_\_  
\_\_\_\_\_

- 5) Description of how products are secured during transportation. \_\_\_\_\_  
\_\_\_\_\_

Exhibit 1

Propane

1) Propane Customer Base:

	Pounds	Sales
Fork Lift Fuel		\$
Other Commercial		\$
Walk In (Unknown)		\$

- 2) Percentage of Propane delivered on your vehicles? \_\_\_\_\_
- 3) Do you deliver Propane in bulk? (y/n) \_\_\_\_\_
- 4) Do you deliver to residential users? (y/n) \_\_\_\_\_  
 Please describe: \_\_\_\_\_
- 5) Sales, rental, install, service, repair of equipment used to store Propane? (y/n) \_\_\_\_\_  
 Please describe: \_\_\_\_\_
- 6) Sales, rental, install, service, repair of appliances powered by Propane? (y/n) \_\_\_\_\_  
 Please describe: \_\_\_\_\_

Gas Chart

GAS	VOLUME	SALES
Oxygen	CU FT	\$
Medical Oxygen	CU FT	\$
Argon	CU FT	\$
Nitrogen	CU FT	\$
Carbon Dioxide	Lbs	\$
Hydrogen	CU FT	\$
Helium	CU FT	\$
Propane	Lbs	\$
Propylene	Gallons	\$
Mapp	CU FT	\$
Sulpher Dioxide	CU FT	\$
Chlorine	CU FT	\$
Ammonia	CU FT	\$
Nitrous Dioxide	Lbs	\$
Acetylene (not manufactured)	CU FT	\$

**EXISTING COVERAGE DETAILS:**

	CARRIER	LIMITS	PREMIUM	LOSSES
General Liability				
Site Environmental Coverage				
Contractors Environmental Coverage				
Professional Coverage				

Description of Losses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Property Information**

**1) PROPERTY(IES) TO BE COVERED:**

OWNED/LEASED (INCLUDE YEAR)	CURRENT GENERAL USE OF PROPERTY AND YEAR YOUR OPERATIONS BEGAN ON-SITE	LIST OF 3rd- PARTY TENANTS ON SITE
1.		
2.		
3.		
4.		
5.		

2) Prior use of property, including year operations began on site: \_\_\_\_\_  
 \_\_\_\_\_

3) Has there been any environmental studies or remediation, monitoring, or sampling to investigate potential contamination (past, present, or planned)? \_\_\_\_\_  
 \_\_\_\_\_

4) List any current permits (POTW, NPDES, Air, Stormwater): \_\_\_\_\_  
 \_\_\_\_\_

5) Are there any underground tanks? \_\_\_\_\_

6) Does the applicant require disposal of any hazardous materials (y/n, explain if yes): \_\_\_\_\_  
 \_\_\_\_\_

**Surrounding Land Use**

DIRECTION	ADJACENT LAND USE
NORTH	
SOUTH	
EAST	
WEST	

1. Are there any nearby surface water bodies (i.e. streams, lakes, wetlands) or any protected environments in the area (parks, wildlife preserves, etc)? (y/n) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Is public water and sewer used on site? (y/n) \_\_\_\_\_ If no, please describe.  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Has the facility developed the following approved plans?  
 PPC and/or SPCC plan (y/n) \_\_\_\_\_  
 Corporate safety and health plan? (y/n) \_\_\_\_\_

**Transportation**

Does the applicant have any operations that require the transportation of hazardous materials (y/n) \_\_\_\_\_

1. 1<sup>ST</sup> Party

If yes, and the applicant transports the materials themselves, please complete the table below.

VEHICLE TYPE	NUMBER OF VEHICLES	MAX DISTANCE DRIVEN	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)
PRIVATE PASSENGER				
LIGHT TRUCK				
MEDIUM TRUCK				
HEAVY/EXTRA HEAVY TRUCK				

2. 3<sup>RD</sup> Party

If yes, and the hazardous materials are transported by a third party, please complete the below

WASTE HAULER NAME	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)	MAX DISTANCE TRAVELED

**Acord Supplementary Questions – GL (describe all yes responses below)**

		YES	NO
1	Does the applicant draw plans, design or specifications for others?		
2	Do any operations include blasting or utilize or store explosive material?		
3	Do your subcontractors carry coverage's or limits less then yours?		
4	Are sub contractors allowed to work without providing you a certificate of insurance?		
5	Does applicant lease equipment to others without operators?		
6	Describe types of work subcontracted. % paid to subs _____ % of work sub contracted? _____		

		YES	NO
7	Does applicant install, service or demonstrate product?		
8	Foreign products sold, distributed, used as components?		
9	Research and development conducted or new products planned?		
10	Guarantees, warranties, hold harmless agreements?		
11	Products related to aircraft/space industry?		
12	Products of others sold or repackaged under applicant label?		
13	Products under label of others?		
14	Vendors coverage required?		
15	Does any named insured sell to other named insureds?		
16	Any exposure to radioactive/nuclear materials?		

		YES	NO
17	Any operations sold, acquired, or discontinued in last five years?		
18	Machinery or equipment loaned or rented to others?		
19	Any watercraft, docks, floats owned, hired or leased?		
20	Recreation facilities provided?		
21	Sporting or social events sponsored?		
22	Any structural alterations contemplated?		
23	Any demolition exposure contemplated?		
24	Has applicant been active in our is currently active in joint ventures?		
25	Do you lease employees from other employer?		
26	Is there a labor interchange with any other business or subsidiaries?		
27	Have any crimes occurred or been attempted on your premises within the last three years?		
28	Is there a formal written safety and security policy in effect?		
29	Does the businesses promotional literature make any representations about the safety or security of the premises?		

		YES	NO
30	Media Used?		
31	Are services of any advertising agency used?		
32	Any coverage provided under agency's policy?		
33	Any coverage provided under agency's policy?		
34	Does applicant own/lease/operate aircraft?		
35	Are any vehicles leased or rented to others?		
36	Are hired and non-owned coverage provided?		
37	Is a bridge, dam or marine work performed?		
38	Does applicant own, rent or otherwise use cranes?		
39	Is a hospital or first aid facility maintained?		

Yes responses:

---



---



---



---