



# WELDING SUPPLEMENTAL

NAMED INSURED: \_\_\_\_\_

STATES OF OPERATIONS: \_\_\_\_\_ # OF YRS IN BUSINESS : \_\_\_\_\_

COMPLETE DESCRIPTION OF OPERATIONS/COMMENTS:

Are you working in any shale play areas in PA, NY, OH, WV?  Yes % \_\_\_\_\_  No

WELDING OR CUTTING  Yes % \_\_\_\_\_  No

Are all Welders Certified:  Yes  No

Number of Welders: \_\_\_\_\_ Payroll: \_\_\_\_\_

### Type of Welding

ACETYLENE

HYDROGEN

ELECTRIC OR ARC WELDING? (CARBON OR METAL ELECTRODES

Any Welding on Pipelines, Tanks or Containers which have previously or still have any flammable liquids or gases?  Yes % \_\_\_\_\_  No

If Yes – who is responsible for closing valves and bleeding pipelines or testing to make sure they are safe for welding? \_\_\_\_\_

Any welding on live pipelies:  Yes % \_\_\_\_\_  No

Any work outside the oilfield?  Yes % \_\_\_\_\_  No

Describe:

Any Welding – Over the hole?  Yes % \_\_\_\_\_  No

Any Welding on Rigs or equipment?  Yes % \_\_\_\_\_  No

Any work in plants or refineries  Yes % \_\_\_\_\_  No

Any welding n Trailer hitches or autos  Yes % \_\_\_\_\_  No

Any welding on Farm equipment  Yes % \_\_\_\_\_  No

Any pipe threading or straightening  Yes % \_\_\_\_\_  No

Any fabrication or reconditioning of equipment  Yes % \_\_\_\_\_  No

### OTHER

General Lease Work – lease beautification  Yes % \_\_\_\_\_  No

Other: \_\_\_\_\_  Yes % \_\_\_\_\_  No

Any Painting, Sandblasting or tank cleaning?  Yes % \_\_\_\_\_  No

Electrical Work?  Yes % \_\_\_\_\_  No

Pole Line Construction \_\_\_\_\_% High Voltage \_\_\_\_\_%

Pipeline Construction  Yes % \_\_\_\_\_  No

Oil  Gas  New  Repair Type:  Gathering Lines  Transmission  Pipelines

\_\_\_\_\_ Max Size \_\_\_\_\_ Average size

Any trenching deeper than 4'  Yes % \_\_\_\_\_  No

If yes – are written emergency procedures in place?  Yes  No

Is insured responsible for locating existing pipelines prior to digging?  Yes  No

If yes – is a one-call service used?  Yes  No

Are written records kept?  Yes  No

Any tunneling or boring under roads?  Yes  No

Do Safety meetings and training address use of welding equipment at wellsites  Yes  No

Are Accident procedures in place?  Yes  No

Do employees wear flame retardant or fireproof clothing?  Yes  No

Do employees wear all appropriate protective welding gear?  Yes  N

**What controls are in place to help limit any Pollution or downhole incidents:**

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**GENERAL /SAFETY / TRAINING INFORMATION**

**YES NO**

Do any operations include blasting, storing or transporting explosive material? If yes, give details.		
Do any operations include excavation, tunneling, underground work or earth movement?		
Any work above 2 stories?		
Any use of cranes? If yes, explain		
Any Work SUBBED: If yes, describe : Cost: _____		
Do you require a MASTER SERVICE AGREEMENT to be completed and on file prior to work starting?		
Do subs provide certificates of ins with equal or greater limits?		
Is the insured named as Additional Insured?		
Is insured held harmless?		
Is all equipment maintained in good condition?		
Is there any work from boats, docks, barges or rigs?		
Any equipment loaned, rented or leased to others?		
Any exposure to high voltage or major electrical panels?		
Is there a FORMAL WRITTEN SAFETY & TRAINING PROGRAM in place?		
Is there a Formal Safety Director? If not – who administers:		
Are regular safety meetings held? How often? _____		
Do Safety Meetings address use of equipment at wellsites?		
Do all employees receive training regarding duties in the event of a pollution incident?		
Do you perform Pre-employment drug testing?		
Do you perform Random and post accident drug testing?		
Are physical exams done pre-hire?		
Are criminal background checks done pre-hire?		
Does the insured follow OSHA standards for promoting a safe workplace?		
Is there an orientation program to address safety and equipment use at wellsites?		
Total # of employees: _____ % of Turnover last 12 months: _____		
Does the insured purchase WC coverage?		
Does Insured lease any employees?		

**EMPLOYEE BENEFITS**

**YES NO**

Does the insured require a signed acceptance or rejection from each employee on programs permitting employees an option to enroll or not to enroll?		
Is a written explanation of all benefits provided to each employee?		
Is the administration of Insured's Employee Benefits Program assigned to a specific person or unit and centralized in one location?		
Does the insured have knowledge of a past or current occurrence which might result in a claim		
Has any Error or Omission loss or claim ever been sustained or is there any pending claim against the insured?		

**AUTO INFORMATION**

**YES NO**

Are MVR's obtained? <b>If yes – how often?</b>		
CDL required?		
Do you have formal hiring practices?		
Do you have formal written driver and fleet safety programs?		
Do you have formal driver training and orientation programs?		
Do you perform accident reviews? <b>Who performs the review?</b>		
Do you have loading and unloading guidelines?		
Does the company allow personal use of company vehicles?		
Is there a written policy regarding personal use?		
If the policy is in writing, is it signed by each driver?		
Is personal use limited to an assigned driver?		
Are employee's family members allowed to use company vehicles?		
Is there a scheduled vehicle maintenance program?		
If yes, are records maintained for each unit?		
Are regularly scheduled safety inspections performed?		
Are results of inspections recorded and maintained?		
Are pre-trip safety inspections performed?		
Do you have a cell phone use policy? <input type="checkbox"/> Hands free <input type="checkbox"/> No use while driving <input type="checkbox"/> Pull over to talk		
Indicate the % of operations within the majority of the time: 1-50 miles _____ 50-100 miles _____ 100-200 miles _____ 200+ _____		
Do you haul any Red label or EPA poisonous substances (Hazard III or IV)		
Do you require MCS90 filing		
Do you transport property of others?		
Do you haul for hire?		
Do you have any Hot Shot delivery?		

**Declaration and Signature:**

I have read the above application. I declare that to the best of my knowledge and belief the statements and information in this application and any attachments thereto are true, accurate and complete. This information is given to the insurer for the specific purpose of obtaining insurance coverage. It is agreed that if any information given in this application or in any attachments thereto is materially false, inaccurate or incomplete, the insurer may deny coverage or cancel the policy.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Named Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date