
WELDING, BRAZING AND CUTTING QUESTIONNAIRE

1. Named Insured _____

2. What types of welding/brazing/soldering processes are performed? Provide percentage to total operations for each type performed:

Type of Process	%
Brazing	
Arc Welding	
Gas Welding	
Electron Beam Welding	
Electroslag Welding	
Induction Welding	

Type of Process	%
Laser Beam Welding	
Resistance Welding	
Soldering	
Solid State Welding	
Thermite Welding	
Other (Describe below)	

Describe "other" process: _____

3. Percentage of welding operations performed: In Shop _____% Off - Site/Mobile _____%

4. Work performed is: _____% Residential _____% Commercial _____% Industrial

5. Do you specialize in a certain industry or certain type of welding? Yes No

If yes, describe: _____

6. Total number of employees performing the following duties:

_____ Welding/brazing duties

_____ Certified by both or either the American Welding Society or American Society of Mechanical Engineers.

_____ Not certified by either the American Welding Society or American Society of Mechanical Engineers.

7. Is work is performed by non-certified person? Yes No

If yes, is work inspected and approved by a certified welder? Yes No

8. What fire protection at the job site is in place?

9. Any metal erection? Yes No

10. Any structural welding over 3 stories? Yes No

Type of Operations

1. What type of welding is being done? (e.g., metal erection, shop, oil field, factory and industrial, agricultural, etc.)

2. Are you involved in any of the following types of work?

Aircraft or aircraft parts	Yes	No
Auto or Vehicle Welding	Yes	No
Bridges	Yes	No
Conveyors	Yes	No
Cranes	Yes	No
Farm Equipment	Yes	No
Forklifts	Yes	No
Oil field work over the hole or drilling derricks or rigs?	Yes	No
Pressure vessels (i.e. boilers, tanks)?	Yes	No
Refinery or Chemical Plants	Yes	No
Ship Building Operations	Yes	No
Tank Work	Yes	No
Trailer Hitches	Yes	No
Welding in or around grain bins, silos, and elevators?	Yes	No
Welding on oil or gas tanks, lines or pipelines?	Yes	No
3. Is your work done only to customers' specifications?	Yes	No
4. Do you design, produce, or manufacture any product, part, machine, or device?	Yes	No

Applicants Signature _____ Date _____

