

Named Insured _____

Base of Operations

1. Does the insured maintain a permanent shop? Yes No
2. What percentage of work is done in the shop? _____%
3. What percentage of work is done at job sites or customer locations? _____%

Type of Operations

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

2. Does the insured do any of the following types of work?

- | | | |
|---|------------------------------|-----------------------------|
| Aircraft or Aircraft Parts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Auto or Vehicle Welding | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boiler and Pressure Vessel Manufacturing or Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oil Field Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pipeline Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refinery Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ship Building Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tank Work | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trailer Hitches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Does the insured work only to customers' specifications? Yes No

4. Does the insured design, produce, or manufacture any product, part, machine, or device? Yes No

5. Are records kept of all jobs? Yes No

6. Does the insured subcontract any work? Yes No If yes, how much? _____%

7. What are the insured's estimated annual receipts? _____