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1. Applicant Name: _____ Effective Date: _____

2. List each Named Insured, the date started/acquired and description of operations:

Name: _____

Date started/acquired: _____ Operations: _____

Name: _____

Date started/acquired: _____ Operations: _____

Name: _____

Date started/acquired: _____ Operations: _____

(Ownership breakdown will be requested if more than one requested Name Insured)

3. Has there been a change in management in the past 5 years? If so, please explain. _____

4. Please list all industry associations of which you are a member. _____

5. Please provide a narrative description of all your current operations:

6. Do you have any past, or discontinued operations, not described above?

Yes No

If yes, please describe: _____



1. What is your annual employee turnover ratio? ___ % Drivers ___ % Others
Applicant employs ___ persons, as follows:

- | | | |
|-------------------------------|-------------------|----------------------------|
| ___ Tractor/Trailer Drivers | ___ Outside Sales | ___ Servicemen |
| ___ Cylinder Delivery Drivers | ___ Plant Mgrs. | ___ Clerical |
| ___ Maintenance | ___ Mechanics | ___ Other (describe) _____ |

2. What are your requirements for hiring drivers (experience, written / road testing, etc.): _____

3. Do you order and review MVRs prior to hiring all drivers? Yes No
What would disqualify a driver? _____

4. Do any drivers have: a DWI; more than 3 moving violations and/or accidents in the last 3 years; more than 2 moving violations and/or accidents in the last 2 years? Yes No
If yes, please identify on the driver list. _____

5. Do you have a drug/alcohol testing program? Yes No
If yes, describe your criteria for pass/fail (zero tolerance, probation, etc.) _____

6. Have any exceptions been made to your drug/alcohol policy? Yes No
If yes, provide details: _____

7. How are driver's activities monitored? _____

8. Do you transport property of others? Yes No
If yes, advise commodities hauled, frequency and radius: _____

9. Do you have a written policy on personal use of company vehicles? Yes No
If yes, attach a copy.

10. Are employees, or your family members, allowed personal use of company vehicles? Yes No
If yes, describe who and under what conditions: _____

11. Do you rent or sales medical supplies? Yes No
If yes, describe what types of supplies: _____

12. Do your drivers travel throught major metro areas to make deliveries? Yes No
If yes, list metro areas: _____



1. Please provide a summary of sales/receipts (other than gases)

Type of good or services	Sales/receipts
Hard goods	
Fire Suppression Equipment (sales/installation)	
Fire Suppression Service (payroll)	
Equipment Repair/Service (payroll)	
Equipment rented to others	
Medical Equipment (other than gases)	
Other (describe)	
Cylinder Rental	

3. Please provide summary of gases distributed (sales)

Gases	\$ Filled By Others	\$ Filled By You	\$ Manufactured By You
Acetylene			
Ammonia			
Argon			
Carbon Dioxide			
Compressed Air			
Helium			
Hydrogen			
MAPP			
Nitrogen			
Nitrous Oxide			
Oxygen			
Propane			
Propylene			
Specialty Gases			
Medical Oxygen			
Medical Nitrous Oxide			
Medical Ethylene			
Various Mixes			
Other (describe)			

3. Do you manufacture acetylene? Yes No

If yes, then:

What type of manufacturing equipment is installed? _____

What was the date this equipment was installed? _____

What date was the equipment last rebuilt? _____

Describe distance to and occupancy of surrounding structures:

North _____ distance _____ occupancy

East _____ distance _____ occupancy

South _____ distance _____ occupancy

West _____ distance _____ occupancy

4. Please list all industrial gas bulk storage tanks.

Location	Gas Stored	Capacity

Location	Gas Stored	Capacity

GENERAL INFORMATION

5. Do you sell any foreign manufactured products? Yes No

If yes, describe: _____

6. Are these foreign manufactured products purchased from a U.S. Distributor? Yes No

7. Do you obtain hold harmless, waiver of subrogation or additional insured status from your suppliers? Yes No

If yes, describe: _____

8. Do you sell any product such as welding wire/rods/consumables that are repackaged, alter the product or warning labels changed in any way? Yes No

If yes, describe: _____

9. Do you sell any private label products? Yes No

10. Have you ever received a notice of injury, claim or suit from a third party regarding exposure/injury to welding fume producing products? Yes No

If yes, describe: _____

11. Do you control who equipment is rented to? Yes No

If yes, describe: _____

12. Do you perform any production welding? Yes No

13. Do you do any demonstration welding or provide training? Yes No

14. Do you rent equipment, other than cylinders? Yes No

If yes, describe: _____

15. Describe your record keeping for cylinders and gases sold: _____

16. Do you sell medical gases? Yes No

If yes, describe your testing/quality control procedures: _____

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV - see Additional Fraud Notices attached hereto for these States).

ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 policyholder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or 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.

NOTICE TO MAINE APPLICANTS: 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.

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

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents and warrants that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.