

INDUSTRIAL GASES AND WELDING SUPPLY SUPPLEMENTAL APPLICATION

Producer / Agency Name: _____ Effective Date: _____
 Account Name: _____ Quote Need by Date: _____
 Physical Address: _____

Risk Engineering Contact Information

Name: _____
 Phone Number: _____
 Email Address: _____

Target Premium

Package (less auto) \$ _____
 Auto \$ _____
 Workers' Comp \$ _____
 Excess/Umbrella \$ _____

General Questions

Please submit completed ACORD applications, this supplemental application and no less than 5 years of currently valued loss runs (within 90 days of effective date).

Operations

List each Named Insured	Years in business	Description of operations	DOT # & MC #	FEIN #

Please answer the questions below:

1. Years current ownership: _____
 - Number of Years current manager has been within your industry(s)? _____
 - Have there been any changes in management in the past 5 years? YES NO
2. Do you have any discontinued operations or services? YES NO
3. List all industry association memberships: _____

Fleet and Driver Questions

4. Total # of employees: _____ Number of CDL drivers: _____ Number of non-CDL drivers: _____
5. Number of drivers with less than 2 years driving experience of operating commercial vehicles: _____
6. Number of CDL drivers that have been with the company for less than 2 years: _____
7. Number of CDL drivers that have received their initial CDL within the past year: _____
8. Enter number of drivers for each category below:

Tractor/Truck Drivers _____	Tank Truck Drivers: _____	Outside sales: _____
Mechanics: _____	Clerical Employees: _____	Other: _____
9. Do you have a written driver safety policy? YES NO
10. Do you have minimum driver hiring standards? YES NO
 - If yes, are they written? YES NO
11. Are road tests performed as part of your hiring process? YES NO
12. Do you have a specific documented driver orientation program for new hires that includes safe driver safety/defensive driver topics? YES NO

13. Do you have a documented refresher driver safety program?	YES	NO
14. Are MVR's ordered and reviewed prior to hiring all drivers?	YES	NO
15. Do you have written minimum MVR criteria for moving violations and/or accidents for all new and existing drivers to follow?	YES	NO
16. Do you have a drug/alcohol testing program?	YES	NO
	CDL Drivers	YES NO
	Non-CDL Drivers	YES NO
17. Do you have cameras installed in any of your fleet vehicles? <ul style="list-style-type: none"> If yes, # of commercial vehicles with cameras: _____ If yes, # of non-commercial vehicles (light, medium type) with cameras: _____ 	YES	NO
18. Are employees, or any employee family member, allowed personal use of company vehicle?	YES	NO
19. Do you perform vehicle maintenance, such as with brakes, steering, tires, engines, etc.?	YES	NO
20. Do you have the required PHMSA written hazmat transportation security plan?	YES	NO
21. Do your drivers travel through or near major metro areas (>100,000 population) to make deliveries?	YES	NO
22. Do you haul/transport property of others? If yes, what commodities hauled, frequency and radius: _____	YES	NO
23. Do you utilize common or contract carriers? <ul style="list-style-type: none"> If yes, how many: _____ 	YES	NO
Safety & Training Questions		
24. Do you have a written employee handbook?	YES	NO
25. Do employees have documented training for job functions they perform related to handling and transportation of propane, petroleum and/or fuel oil?	YES	NO
26. How often are safety meetings held and documented? _____		
27. Do employees participate in industry related/state required training?	YES	NO
28. Is refresher training for all employees provided and documented for job functions performed?	YES	NO
29. Do all employees handling hazardous materials have required hazmat training within 90 days of employment and every 3 years thereafter?	YES	NO
30. Is there a written accident investigation program in place to determine cause and any corrective measures to prevent reoccurrence?	YES	NO
31. Do you provide Workers' Compensation coverage for all employees?	YES	NO
32. Do you have a written hazard communication program?	YES	NO
33. Do you have a written personal protection equipment (PPE) program?	YES	NO
34. Do employees operate any powered industrial trucks (i.e., forklifts)? <ul style="list-style-type: none"> If yes, are employees trained on their operation? 	YES	NO
35. Is a group medical plan provided?	YES	NO
36. Do you participate in MPN (Medical Provider Network)?	YES	NO
37. Do you have a return-to-work program (RTW)?	YES	NO
38. Any foreign travel by employees or owners? <ul style="list-style-type: none"> if yes describe: _____ 	YES	NO
39. Do you own or operate any aircraft?	YES	NO

40. If a Workers Comp quote is being requested, please provide annual payroll and workers' comp experience mod for the current and 4 prior years.

Year	Annual Payroll	EMOD
Current _____		
Prior Year _____		
Second Prior _____		
Third Prior _____		
Fourth Prior _____		

TYPE OF GOODS OR SERVICE

41. Please list gross sales and/or payroll below for your operations.

Hard goods/Rentals/Fire Suppression	Gross Sales	
Welding Supplies	\$	
Medical equipment (if any) *describe in detail medical equipment sold	\$	
Cylinder rentals	\$	
Equipment rentals (excluding cylinder rentals) i.e. welders	\$	
Fire suppression equipment sales	\$	
Equipment and Fire suppression (installation, service and/or repair)	Payroll	
Equipment service/repair	\$	
Fire suppression service/installation	\$	

BULK STORAGE TANKS

Please list all industrial gas bulk storage tanks

Location address	Gas Stored	Capacity (gallons)

GAS VOLUME CHART

Provide summary of gases distributed by you

GAS	SALES	VOLUME
Acetylene	\$	CU FT
Ammonia	\$	CU FT
Argon	\$	CU FT
Carbon Dioxide	\$	LBS
Chlorine	\$	CU FT
Compressed Air	\$	CU FT
Helium	\$	CU FT
Hydrogen	\$	CU FT
MAPP	\$	CU FT
Medical Ethylene	\$	CU FT
Medical Nitrous Oxide	\$	CU FT
Medical Oxygen	\$	CU FT
Nitrogen	\$	CU FT
Nitrous Oxide	\$	LBS
Oxygen (non-medical)	\$	CU FT
Propane	\$	GALLONS
Propylene	\$	GALLONS
Sulfur Dioxide	\$	CU FT
Specialty Gases	\$	
Various Mixes	\$	
Other (Describe)	\$	

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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA for Commercial Auto Applicants, PR for Workers Compensation Applicants, RI, TN, UT for Workers Compensation Applicants, VA, VT, WA or WV – see Additional Fraud Notices for these jurisdictions below).

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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 (Does not apply to Commercial Auto 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 NEW YORK APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each 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 PENNSYLVANIA APPLICANTS (Commercial Auto Applicants Only): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS (Does not apply to Workers Compensation Applicants): Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE APPLICANTS (Does not apply to Workers Compensation Applicants), 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 TENNESSEE APPLICANTS (Workers Compensation Applicants Only): It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS (Workers Compensation Applicants Only): Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VERMONT APPLICANTS (Does not apply to Commercial Auto 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 (**Not applicable in North Carolina**). 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 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

Date

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.

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