

# Welders Supplemental Application



Applicant Name:			
Number Years in Business:		\$Payroll:	\$Sales:
Is any work subcontracted <input type="checkbox"/> Yes <input type="checkbox"/> No		\$Cost of subcontracted work:	
Are certificates of insurance secured from subcontractors <input type="checkbox"/> Yes <input type="checkbox"/> No			
What limits of liability are carried by subcontractors: \$			
<b>Prior carrier and three year loss history</b>			
Carrier	Year	Premium	Describe Losses

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

