

CARTER & COMPANY, LLP
P. O. BOX 672 - LULING, TEXAS 78648

GENERAL LIABILITY WELDERS APPLICATION

Item 1. Name of Applicant _____ Agency **CARTER & COMPANY, LLP**
 Mailing Address _____ Contact Person _____
 City, State, Zip _____ Phone **800-967-0972**

Item 2. Desired Policy Period: From _____ To _____ City **LULING**
 12:01 A.M., standard time at the address of the named insuree as stated herein.

COVERAGES LIMITS		ADVANCE PREMIUMS
Item 3. <input type="checkbox"/> Occurrence Form <input type="checkbox"/> Premises-Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Contractors - Subcontracted Work <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Coverage Exclusions (Specify)	<i>General Aggregate (Other than</i> Products-Completed Operations)	Premises/Operations
	Products-Completed Operations Aggregate	Products
	Personal & Advertising Injury	Other
	Each Occurrence	
	Dmg to Prem Rented to You (Any One Fire) Medical Expense (Any One Person)	Total Minimum & Deposit Prem

Item 4. The named insured is: Individual Corporation Joint Venture Partnership

1. Number of years experience as a welder: _____ 2. Number of years in business: _____

3. Type of work - Offshore - Marshlands - Land? _____

4. Any grain elevator repair? (If so, please explain.) _____

5. What do you weld? _____

6. Describe any non-welding or cutting ops. ("Answer None" if appropriate.) _____

7. Any welding on pipelines or containers which contain any flammable liquids or gases? _____

8. Who is responsible for closing valves and bleeding pipelines or testing containers to make sure they are safe for welding operations? _____

9. % Oil field welding: _____ 10. % Welding Over-The-Hole: _____ 11. % Welding in Refineries and/or Petro-Chemical Plants: _____

12. Any welding of trailer hitches? _____ 13. Any trailer fabrication? (If so, please explain.) _____

14. No. of employees _____ Estimated Employee Payroll (excl. owners) \$ _____ No. of Owners/Proprietors, Executive Officers _____

Estimated Subcontract Cost \$ _____ Estimated Gross Receipts \$ _____ CGL Limits required for Subcontractors \$ _____

Item 5. During the past three years has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No
 If yes, why? _____

Item 6. Prior General Liability Insurance (if no insurance in force, answer "None".)

Insurance Company Name (past three years)	Effective Date	Expiration Date	Premium Paid	Number of Claims	Total \$ Amount of All Claims Paid and in Reserve

Give full details of all claims paid or outstanding (attach separate page if needed) _____

Dated: _____ Signed: _____ (Insured)

"This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus line coverage pursuant to the Texas insurance statutes. The State Board of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and this insurer is not a member of the property and casualty insurance guaranty association created under Article 21.28-C, Insurance Code. Article 1.14-2, Insurance Code, requires payment of 4.85 percent tax on gross premium."