

**Welding Supply & Industrial Gas Dealers  
 Supplemental Application**

Named Insured: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Summary of Sales** (other than gases)

Hardgoods	\$
Fire Suppression Equipment	\$
Fire Suppression Service (payroll)	\$
Equipment Repair/Service	\$
Equipment rented to others (other than cylinders)	\$
Medical Equipment (other than gases)	\$
Other (describe)	\$

**Summary of Gases Distributed**

Gas	\$ 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 below)			

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bulk Storage Tanks**

<b>Location</b>	<b>Gas Stored</b>	<b>Capacity</b>	<b>Location</b>	<b>Gas Stored</b>	<b>Capacity</b>

**General Information**

Yes  No Do you sell any foreign manufactured products? If yes, Describe:

\_\_\_\_\_  Yes  No Are they purchased from a U. S. Distributor?

Yes  No Have you discontinued any products or operations within the past five (5) years?

Yes  No Do you obtain hold harmless, waiver of subrogation or additional insured status from your suppliers? Describe: \_\_\_\_\_

Yes  No Do you control who equipment is rented to? If yes, describe: \_\_\_\_\_

Yes  No Do you obtain hold harmless agreements for equipment rented to others?

Yes  No Do you provide propane bottle filling equipment to others?

Yes  No If you rent equipment do you have a written rental agreement? If yes, attach a copy.

Yes  No Do you perform any production welding?

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

Yes  No Do you use UL Approved, explosion-proof equipment in all applicable areas?

Yes  No Are all storage facilities enclosed by a fence or other structure?

Yes  No Do you rent equipment, other than cylinders? If yes, describe: \_\_\_\_\_

Describe your record keeping for cylinders and gases sold: \_\_\_\_\_

\_\_\_\_\_

If you sell medical gases, describe your testing/quality control procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_