



BUSCHBACH AGENCY - WHOLESALE DIVISION - THE HORTON GROUP • MANAGING GENERAL AGENT

GENERAL LIABILITY SUPPLEMENTAL QUESTIONNAIRE • PAGE 1 OF 3

INSURED NAME: _____ FEIN: _____

INSURED ADDRESS: _____

1) WELDING HARD GOODS SALES

WELDING SUPPLIES	\$
MEDICAL EQUIPMENT	\$
CYLINDER RENTALS	\$
TOTAL HARD GOOD SALES	\$

DESCRIBE IN DETAIL THE MEDICAL EQUIPMENT SOLD: _____

USE ADDITIONAL PAGES IF NEEDED

2) GAS SALES

MEDICAL GASES	\$
ACETYLENE GASES ★	\$
ALL OTHER GASES	\$
TOTAL GAS SALES	\$

NOTE: IN ADDITION THE GAS VOLUME CHART ON PAGE 2 MUST BE COMPLETED.

★ PLEASE COMPLETE THE ACETYLENE QUESTIONS ON PAGE 2 IF ANY MANUFACTURING IS DONE.

3) RENTAL RECEIPTS (OTHER THAN CYLINDER)

RECEIPTS TOTAL	\$
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DESCRIBE RENTAL ITEMS: _____

4) FIRE EXTINGUISHER SALES, INSTALLATION, SERVICE & REPAIR

PORTABLE EXTINGUISHERS:

TOTAL RECEIPT FROM SALES, INSTALLATION, SERVICE & REPAIR	\$
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DOES INSURED INSTALL OR SERVICE ANY FIXED EXTINGUISHING SYSTEMS? ☐ Y ☐ N

DESCRIBE COMPLETELY: _____

DOES INSURED INSTALL OR SERVICE AUTOMATIC SPRINKLER SYSTEMS? ☐ Y ☐ N

DESCRIBE COMPLETELY: _____

5) OTHER SALES, MANUFACTURING, INSTALLATION, SERVICE OR REPAIR:

TOTAL SALES	\$
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DESCRIBE OPERATIONS & PRODUCTS COMPLETELY: _____

6) DOES INSURED REQUALIFY CYLINDERS? ☐ Y ☐ N

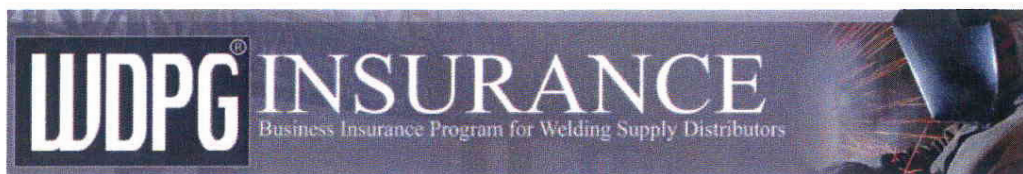
IS INSURED APPROVED BY DOT? ☐ Y ☐ N IS REQUALIFICATION DONE FOR OTHERS? ☐ Y ☐ N

REQUALIFICATION RECEIPTS TOTAL	\$
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TOTAL SALES FOR ALL OPERATIONS	\$
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COMPLETED BY:

SIGN: _____ PRINT: _____ DATE: _____



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PLEASE COMPLETE THE FOLLOWING INFORMATION ON GASES SOLD AND/OR DISTRIBUTED BY YOUR COMPANY. THIS INFORMATION IS NEEDED TO PROPERLY RATE THE GENERAL LIABILITY EXPOSURE FOR YOUR INSURANCE. PLEASE BE AS COMPLETE AS POSSIBLE. IF ANY GAS SOLD IS NOT LISTED, PLEASE ADD IT TO THE CHART & INDICATE THE APPROPRIATE VOLUME & SALES DATA. IF MEASUREMENTS OTHER THAN THE ONES LISTED ARE USED, PLEASE INDICATE BOTH THE UNITS & SALES OF THAT PRODUCT.

GAS VOLUME CHART

GAS	SALES	VOLUME
OXYGEN	\$	CuFt
MEDICAL OXYGEN	\$	CuFt
ARGON	\$	CuFt
NITROGEN	\$	CuFt
CARBON DIOXIDE	\$	LBS
HYDROGEN	\$	CuFt
HELIUM	\$	CuFt
PROPANE	\$	LBS
PROPYLENE	\$	LBS
MAPP	\$	LBS
SULFUR DIOXIDE	\$	CuFt
CHLORINE	\$	CuFt
AMMONIA	\$	CuFt
NITROUS OXIDE	\$	LBS
ACETYLENE ★	\$	CuFt
SPECIALTY GASES	\$	CuFt

★ LIST THE ACETYLENE VOLUME HERE FOR GAS NOT MANUFACTURED BY YOU.

ACETYLENE GAS MANUFACTURING SUPPLEMENTAL

1) DESCRIBE THE TYPE OF MANUFACTURING EQUIPMENT INSTALLED: _____

2) ☐ DATE OF INSTALLATION: [/ /] ☐ LAST REBUILD: [/ /]

3) DISTANCE OF GAS MANUFACTURING FROM SURROUNDING PROPERTY: _____



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WELDING ROD & WIRE SUPPLEMENTAL

- 1) NUMBER OF BRANCHES: _____
- 2) BRANCH LOCATIONS: _____
- 3) CURRENT ANNUAL ROD & WIRE SALES: _____
- 4) HOW LONG HAVE YOU BEEN SELLING ROD/WIRE? _____
- 5) DO YOU CURRENTLY HAVE AN INDEMNITY AGREEMENT WITH A ROD/WIRE MANUFACTURER? ☐ Y ☐ N
IF YES, WHO? _____
- 6) HAVE YOU BEEN NAMED IN ANY WELDING FUME LITIGATION SUITS? ☐ Y ☐ N
IF YES, PLEASE PROVIDE GENERAL DETAILS: _____

PROPANE

- 1) DESCRIBE YOUR PROPANE CUSTOMER BASE AS FOLLOWS:

	POUNDS	SALES
FORK LIFT FUEL		\$
OTHER COMMERCIAL		\$
WALK-IN (UNKNOWN USE)		\$

- 2) % OF PROPANE SOLD THAT IS DELIVERED ON YOUR VEHICLES: _____ %
- 3) DO YOU DELIVER ANY PROPANE IN BULK (OTHER THAN IN INDIVIDUAL CUSTOMER CYLINDERS)? ☐ Y ☐ N
- 4) DO YOU DELIVER PROPANE FOR RESIDENTIAL USERS? ☐ Y ☐ N
IF YES, PLEASE DESCRIBE: _____
- 5) DESCRIBE THE NUMBER & TYPE OF VEHICLES USED FOR BULK PROPANE DISTRIBUTION: _____

- 6) IS THERE ANY SALE, RENTAL, INSTALL, SERVICE OR REPAIR OF EQUIPMENT USED TO STORE PROPANE? ☐ Y ☐ N
IF YES, PLEASE DESCRIBE IN DETAIL: _____

- 7) IS THERE ANY SALE, RENTAL, INSTALL, SERVICE OR REPAIR OF APPLIANCES POWERED BY PROPANE? ☐ Y ☐ N
IF YES, PLEASE DESCRIBE IN DETAIL: _____

