

# WELDING CONTRACTOR APPLICATION

## PART 1 GENERAL INFORMATION

Broker: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

Name of Insured (Full Legal Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Risk Location Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Principal(s): \_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_ Desired Effective Date: \_\_\_\_\_

Previous Insurer: \_\_\_\_\_ Expiring Premium (If Known): \_\_\_\_\_

Has any Insurer cancelled, declined, or refused you coverage?  Yes  No  
If yes, please provide details:

### LOSS EXPERIENCE

Describe any insured and uninsured losses having occurred in the past 5 years and state the date and value of each loss, before the deductible (if any) was applied:

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

## PART 2 GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of Business Operations: \_\_\_\_\_

Total Gross Receipts (All Operations): \_\_\_\_\_ (require breakdown of receipts as shown below)

### Breakdown of receipts:

- A) On premises welding (Other than gas & tank welding) \$ \_\_\_\_\_
- B) Off premises welding (other than gas & tank welding) \$ \_\_\_\_\_
- C) Gas and tank welding \$ \_\_\_\_\_
- D) Sub-let work \$ \_\_\_\_\_
- E) Other (define) \$ \_\_\_\_\_

Area of operations: \_\_\_\_\_

Any USA exposure?  Yes  No

If yes, please provide details: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Full-time Employees: \_\_\_\_\_

Part-time Employees: \_\_\_\_\_

Year business established: \_\_\_\_\_

Experience of the principal / partners: \_\_\_\_\_

Insured's Qualifications:  No Ticket  1st Class Journeyman  "B" Pressure  "A" Pressure  Apprentice  
 Underwater  Other: \_\_\_\_\_

Has the applicant ever had certification of license revoked? If yes, please provide details: \_\_\_\_\_

Please indicate if any work done on the following types of risks:

- A) Oil Rigs  Yes  No
- B) Pipelines \* (If "yes" see additional comment below)  Yes  No
- C) Flood Lines  Yes  No
- D) Compressor Station Maintenance  Yes  No
- E) Repairs to Well Head Equipment  Yes  No
- F) Refinery  Yes  No
- G) Natural Gas  Yes  No
- H) High Pressure Vessels at Industrial Sites  Yes  No
- I) Grain Elevators  Yes  No
- J) Bridges  Yes  No
- K) Heavy Equipment  Yes  No
- L) Storage Tanks \* (If "Yes" see additional comments below)  Yes  No
- M) Risks with Flammable Liquids or Vapours  Yes  No
- N) Risks with Potential Dust Explosives  Yes  No
- O) Agriculture  Yes  No
- P) Other (please describe)  Yes  No

Other: \_\_\_\_\_

\* If welding is done on a pipeline, is that portion of the line where work is being performed shut down?  Yes  No

If no, please explain: \_\_\_\_\_

\* If welding is done on storage tanks, are the tanks empty?  Yes  No

If no, what is the capacity of the tank(s)? \_\_\_\_\_

Please explain: \_\_\_\_\_

Does the applicant primarily do new projects or repair work? \_\_\_\_\_

Is the Welding Unit Truck Mounted or Portable? \_\_\_\_\_

Does the applicant do any Hot Tapping?  Yes  No

If yes, explain: \_\_\_\_\_

**PART 3 LOSS CONTROL PROCEDURES**

- a) Are signs posted to indicate welding is going on?  Yes  No
- b) Are all spectators cleared from the welding area to prevent injury?  Yes  No
- c) Are barriers put up around worksite to prevent bystanders from wandering onto worksite?  Yes  No
- d) Are screens put up at worksite to prevent ultraviolet radiation from straying?  Yes  No
- e) Does applicant ever turn off a client's sprinkler system in order to perform hot work?  Yes  No

If yes, explain what safety procedures are followed under these circumstances:

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**PART 4 SUBCONTRACTING INFORMATION**

- a) Does the applicant ever subcontract out parts of a job?  Yes  No
- b) If yes, are checks made to ensure the subcontractors have proper certification?  Yes  No
- c) Are certificates of insurance obtained in all cases when subcontractors are used?  Yes  No
- d) How does the applicant verify qualifications of subcontractors?

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**PART 5 MISCELLANEOUS INFORMATION**

Please provide any additional information that may be pertinent in the assessment of this Applicant:

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**PART 6 COVERAGE REQUIREMENTS**

Limit(s) of Liability Insurance required:	\$ _____	Deductible Requested:	\$ _____
Tenants Legal Liability required:	\$ _____	Deductible Requested:	\$ _____
Contractors Equipment:	\$ _____	Deductible Requested:	\$ _____
Tool Floater:	\$ _____	Deductible Requested:	\$ _____

## NOTICE TO APPLICANT:

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this Applicant for Insurance or any renewal, extension or variation thereof. All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present Application of Insurance. The policy may be deemed to be void and claims may be denied where:

- 1) An applicant for a contract:
  - a) Gives false or erroneous information to the prejudice of the insurer, or
  - b) Knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein; or
- 2) The Insured contravenes a term of the Contract or commits a fraud; or
- 3) The Insured willfully makes a false statement in respect of a claim under the contract.

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.

I AM IN AGREEMENT THAT THIS DECLARATION SHALL HEREBY FORM PART OF THE INSURANCE CONTRACT.

**Applicants Signature:**

**Position:**

**Please Print Name:**

**Date:**