



[Casualty Application]

WELDING CONTRACTOR APPLICATION



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

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?

PART 5 MISCELLANEOUS INFORMATION

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

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: