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**Welding
Application**

Vailo Insurance Services Ltd

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Welding Application

GENERAL INFORMATION

Broker: _____ Contact Person: _____ Phone: _____
 Name of Applicant(s) – including all subsidiaries: _____

 Is the Applicant(s) new to the broker: No Yes If no, how long have you known the Applicant: _____
 Mailing Address: _____ Postal Code: _____
 Risk Location Address: _____ Postal Code: _____
 Website (if applicable): _____ Number of Years in Business: _____
 Business Operations: _____
 Previous Insurer: _____
 Expiry Date: _____ Expiring Premium: _____
 Has any Insurer cancelled, declined or refused you coverage? No Yes If yes, please provide details: _____

GENERAL LIABILITY UNDERWRITING INFORMATION

Full description of operations - attach brochure(s) if any: _____

 Area of operation: _____ Any operations outside of Canada? No Yes
 If yes, where: _____
 Experience of principal & partners: _____
 Total number of employees: _____ Full-time employees: _____ Part-time employees: _____
 Are all employees covered by Worker's Compensation? No Yes
 If no, please explain: _____
 Actual gross revenues for the past 12 months: \$ _____ Estimated gross revenue for the next 12 months: \$ _____
 Actual payroll for the past 12 months: \$ _____ Estimated payroll for the next 12 months: \$ _____

Breakdown of total revenue by operations:

Operations	Actual gross revenue for the past 12 months	Estimated gross revenue for the past 12 months	Canada %	USA %	Foreign %

Does the insured anticipate starting any new operations during the next 12 months? No Yes
 If yes, please provide details: _____

GENERAL LIABILITY UNDERWRITING INFORMATION (cont'd)

Any installations or repairs performed away from the premises? No Yes

If yes, please provide details:

If you subcontract work, do you require your subcontractors to carry liability coverage? No Yes

If yes, what limit do you require?

Value of subcontract work:

Are certificates of insurance required? No Yes

Does the applicant assume any contractual liability by verbal or written agreement? No Yes

Do you own or rent any watercraft? No Yes If yes, please provide details (description, length, HP, rented or owned):

Do you own or rent any Aircraft? No Yes If yes, please provide details (description, rented or owned):

Do you have any unlicensed automobiles or specifically automobiles for which compulsory insurance does not apply? No Yes

If yes, please explain

Do any employees regularly drive their own vehicles on company business? No Yes

If yes, please explain

Do you have any Architects, Engineers, Doctors or similar professionals on staff? No Yes

If yes, please explain

	Number of years working the following tickets:	What % of work is performed from column one:	Number of employees each with the following tickets:	What % of work do employees perform from column one:
Journeyman:				
B Pressure:				
A Pressure				

Overall, what percentage of work is done:

In a shop:

Off premises:

Do completed or planned operations include any of the following:

- | | | | | | |
|-----------------------|-----------------------|-----------------|-----------------------|-----------------------|---------------------------------|
| YES | NO | | YES | NO | |
| <input type="radio"/> | <input type="radio"/> | Hot tap welding | <input type="radio"/> | <input type="radio"/> | Tank repairs |
| <input type="radio"/> | <input type="radio"/> | Oilfield work | <input type="radio"/> | <input type="radio"/> | Vehicle repairs or modification |
| <input type="radio"/> | <input type="radio"/> | Rigging | <input type="radio"/> | <input type="radio"/> | Underground vessels |
| <input type="radio"/> | <input type="radio"/> | Underwater | <input type="radio"/> | <input type="radio"/> | Blinding/purging vessels |
| <input type="radio"/> | <input type="radio"/> | Demolition | <input type="radio"/> | <input type="radio"/> | Raising or moving of structures |

Describe the above operations and all others pertinent to your job:

GENERAL LIABILITY UNDERWRITING INFORMATION (cont'd)

Please answer all questions:

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Employees are provided and required to use appropriate safety equipment? | <input type="radio"/> | <input type="radio"/> |
| 2. Fire extinguisher is within 25FT. of welding operation at all times? | <input type="radio"/> | <input type="radio"/> |
| 3. All flammables are removed from welding area? | <input type="radio"/> | <input type="radio"/> |
| 4. All burning is done in well ventilated areas or with use of respirators? | <input type="radio"/> | <input type="radio"/> |
| 5. Is welding ever done on containers which have held flammables? | <input type="radio"/> | <input type="radio"/> |
| 6. Gas cylinders stored in upright position and secured to wall or holding rack? | <input type="radio"/> | <input type="radio"/> |
| 7. Is welding ever done within 200FT. of degreasing operations or open solvent containers? | <input type="radio"/> | <input type="radio"/> |
| 8. Fire watch is maintained or final check made at least one half hour after completion of welding? | <input type="radio"/> | <input type="radio"/> |
| 9. All oxygen and acetylene gauges in working order? | <input type="radio"/> | <input type="radio"/> |
| 10. Mechanical lighters always used for lighting torches | <input type="radio"/> | <input type="radio"/> |
| 11. Hoses stored so as not to be damaged by moving equipment or cause tripping hazard? | <input type="radio"/> | <input type="radio"/> |
| 12. Protection provided to prevent slag from falling on workers or public below from overhead jobs? | <input type="radio"/> | <input type="radio"/> |

COVERAGE REQUIREMENTS

LIABILITY COVERAGE:	DEDUCTIBLE:	LIMIT OF INSURANCE:

MISCELLANEOUS INFORMATION (Please provide any additional information - where space provided was insufficient)

CLAIMS INFORMATION - LIABILITY

Describe any insured and uninsured losses having occurred in the past 5 years – including incidents that have not been reported yet and may result in a claim. Please provide a description, date and amount of loss:

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION AND SIGNATURE

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension, or variation of the insurance applied for.

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not misstated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____ Full Name: _____

Position: _____ Date: _____