



#103-8411 200<sup>th</sup> STREET, LANGLEY, BC V2Y 0E7 TELEPHONE: (604)888-0050 FAX: (604)888-1008

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### WELDING APPLICATION

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Trade/Incorporated \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Years of experience \_\_\_\_\_ How long as self-employed: \_\_\_\_\_

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
	Hot tap welding		Tank repairs
	Oilfield work		Vehicle repairs or modifications
	Rigging		Underground vessels
	Underwater		Blinding/purging vessels
	Demolition		Raising or moving of structures

Describe the above operations and all others pertinent to your job

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What were your total Gross Receipts, before expenses last year \_\_\_\_\_

What are your estimated Gross Receipts, before expenses this year \_\_\_\_\_

From the estimated receipts for this upcoming year what do you estimate the following:

What percentage of this years work will be completed as a Contractor \_\_\_\_\_

Sub Contractor \_\_\_\_\_

What percentage of above do you expect to sub contract out to someone else \_\_\_\_\_

Would you be able to supply a statement from previous employer / contractor providing your employment history stating experience, claims history and number of years employed if it was to your benefit:

Does your work take you outside of your province \_\_\_\_\_ If yes where & how many times per year:

Do you ever manufacture a product for resale \_\_\_\_\_

If yes please describe the products and explain what warranty you provide:

Are any products sold outside of Canada \_\_\_\_\_ If yes explain:

Are you and all employees covered by Workers Compensation \_\_\_\_\_

Do you follow WCB safety Regulations? If no explain:

Do you own your own shop \_\_\_\_\_

If yes what do you fabricate?

Please answer all questions:

YES NO

- ( 1) Employees are provided and required to use appropriate safety equipment?
- ( 2) Fire extinguisher is within 25FT. of welding operation at all times?
- ( 3) All flammables are removed from welding area?
- ( 4) All burning is done in well ventilated areas or with use of respirators?
- ( 5) Is welding ever done on containers which have held flammables?
- ( 6) Gas cylinders stored in upright position and secured to wall or holding rack?
- ( 7) Is welding ever done within 200FT. of degreasing operations or open solvent containers?
- ( 8) Fire watch is maintained or final check made at least one half hour after completion of welding?
- ( 9) All oxygen and acetylene gauges in working order?
- (10) Mechanical lighters always used for lighting torches
- (11) Hoses stored so as not to be damaged by moving equipment or cause tripping hazard?
- (12) Protection provided to prevent slag from falling on workers or public below from overhead jobs?

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**STATE LIMIT OF LIABILITY REQUIRED**

\$ \_\_\_\_\_ Inclusive Limit

Each Occurrence & Aggregate Products/Completed Operations

**STANDARD COVERAGES INCLUDED IN CGL WORDING**

Products and Completed Operations	Occurrence Basis Property Damage
Employees as Additional Insureds	Contingent Employer's Liability
Operation of Attached Machinery	Broad Form Property Damage
Blanket Contractual Liability	Medical Payments (\$2,500/525,000)
Contractors/Owners Protective Liability	Non-Owned Auto ~ excluding long term leased
Personal Injury	

N.B. It is the right of the Insurer to modify or delete any of the above coverages by endorsement.

**CHECK (V) ADDITIONAL COVERAGE DESIRED**

Limit

<del>XXXXXX</del> Tenants' Legal Liability	_____
<del>XXXXXX</del> SEF/OEF/QEF #94 - PP & LC only	_____
<del>XXXXXX</del> Advertising Liability	_____
<del>XXXXXX</del> Employee Benefits E&O	_____
<del>XXXXXX</del> Other Coverages - please specify	_____

Previous Insurer

Expiring Premium

Will they renew?      Yes      No

If no, give reason for non-renewal \_\_\_\_\_

Provide claims experience for last five (5) years showing: (give details on any claims exceeding \$500.)

Date	B.I or P.D	Description	Amount Paid incl. Expenses	Amount O/S
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL DETAILS:

When was loss information updated with the Insurer(s)? \_\_\_\_\_

If you qualify for this program, when would you like it to start: YR\_\_\_\_ MO\_\_\_\_ DAY\_\_\_\_

**\*\*COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:\*\***  
(additional conditions may also be applied upon underwriting review)

WELDING, CUTTING, BRAZING, BURNING AND/OR OPEN FLAME WARRANTY ATTACHED  
TO AND FORMING PART OF THE COMMERCIAL GENERAL LIABILITY FORM

It is a condition of this Policy of Insurance that the Insured shall take all steps to ensure the following precautions are complied with on each occasion where the Insured is using any oxy-acetylene or electric welding or cutting plant or any blow lamp or blow torch away from the Insured's premises;

- (1) the immediate area in which the operation is to be carried out must be segregated to the greatest practicable extent by the use of screens made of metal and/or fire retardant material,
- (2) the whole of this segregated area must be adequately cleaned and freed from combustible material before operations commence,

- (3) combustible floors/substances in or surrounding this segregated area must be liberally covered with sand or protected by overlapping sheets of incombustible material,
- (4) where work is being carried out in any enclosed area, an additional employee of the Insured or an employee of the occupier shall be present at all times to guard against an outbreak of fire,
- (5) no work should be carried out unless specifically authorized by the occupier, who should also be asked to approve the safety arrangements,
- (6) the following must be kept available for immediate use near the scene of operations;
  - a. suitable fire extinguishers and/or
  - b. hoses connected up in readiness for immediate use and tested prior to the commencement of the work,
- (7) a thorough examination must be made in the vicinity of the work approximately one hour after the termination of each operation. In the event that it is not practicable for such examination to be carried out by the Insured's own employee then appropriate arrangements must be made with the occupier,
- (8) before "burning off" metal work built into or projecting through walls or partitions an examination should be made to confirm that the other end of the metal is not in a hazardous proximity to combustible material which may be ignited by the conduction of heat,
- (9) The Insured also warrants that all approved fire extinguishing equipment will be in good working order and shall always be readily available when welding, cutting, brazing, burning and/or open flame operations are being performed,

It is understood and agreed that failing to meet any one these conditions will render coverage null and void.

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The Policy may be deemed to be void and claims may be deemed not covered 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.

Policy Language Request: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les residents du Quebec seulement):

Considerant la demande de protection d'assurance, par la presente nous demandons et consentons que tous les documents d'assurance soient prepares et rediges en anglais.

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FORA 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 BETWEEN THE INSURER(S) AND MY BUSINESS.**

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DATE (DD/MM/YY):

SIGNATURE OF APPLICANT:

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PRINT NAME OF APPLICANT AND TITLE:

QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? \_\_\_\_\_  
If yes, for how long? \_\_\_\_\_
2. Did you receive the order direct from the Applicant? \_\_\_\_\_  
If no, from whom and why? \_\_\_\_\_
3. Do you handle other Insurance for Applicant? \_\_\_\_\_
4. Do you recommend this risk in every respect? \_\_\_\_\_
5. Is this risk a renewal to your Office?    Yes    No  
If yes, how long have you placed insurance on this risk? \_\_\_\_\_

DATE: \_\_\_\_\_

BROKER' S SIGNATURE \_\_\_\_\_

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## PROPERTY QUESTIONNAIRE

Name:				
Address;				
Location of Risk:				
Full Details of Operations, (including split between locations)				
Experience/ Business Years in				
Construction Type				
Age of Building				
Housekeeping	Good	Fair	Poor	
Date of Last Renovation	Roof	Wiring	Plumbing	Heating
Fire Protection	Municipal	Private	Sprinklers	Extinguishers
Alarms & Type				
Occupancy by Others				
Five Year Loss Record				
Financial Status				
Mortgagee (s) & Amounts				
Neighbourhood				
Crime				
Additional Comments/ Recommendations of Submitting Broker				
Expiring Terms and Conditions, and Carrier				

**Schedule of equipment:**

Model/ Year & Trade Name	Type Of Unit	Model No. Serial No.	Date of Purchase	Original Cost New	Actual Cash New	Mortgage Amount

**Name and experience of all operators:**

Name of operator	Date of Birth (if known)	Years experience on type of equipment operated

Is the equipment listed above, the only equipment owned and operated by the applicant?    Yes    No

If not please give full details of ail such other items of equipment and explain why coverage is not required on those items:

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Confirm that no one item of equipment listed in number 20.A above has a mortgage of more than 75% of its current actual cash value.    Yes    No

\_\_\_\_\_

(Applicant's SIGNATURE )

\_\_\_\_\_

(DATE)