



t: 1-877-343-8224 f: 1-877-432-9822 e: accounts@agileuw.ca | agileuw.ca

Welding Application

1. Date: _____
2. Name of Applicant: _____ Trade/Incorporated: _____
3. Name: _____
4. Address: _____
5. Phone #: _____ Fax #: _____
6. Years of experience: _____
7. How long as self-employed: _____

8. Complete the following:

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:			

9. Overall, what percentage of work is done:
 - a. In a shop: _____
 - b. Off premises: _____

10. 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

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

12. What were your total Gross Receipts, before expenses last year: _____
13. What are your estimated Gross Receipts, before expenses this year: _____

14. From the estimated receipts for this upcoming year, what do you estimate the following:
- a. What percentage of this year's work will be completed as a contractor: _____
 - b. Sub-contractor: _____
 - c. What percentage of above do you expect to sub-contract out to someone else: _____

15. 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?
 Yes No

16. Does your work take you outside of your province?
 Yes No

17. If yes, where & how many times per year? _____

18. Do you ever manufacture a product for resale?
 Yes No

19. If yes, please describe the products and explain what warranty you provide: _____

20. Are any products sold outside of Canada?
 Yes No

21. If yes, explain: _____

22. Are you and all employees covered by Workers Compensation?
 Yes No

23. Do you follow WCB safety regulations?
 Yes No

24. If no, explain: _____

25. Do you own your own shop?
 Yes No

26. If yes, what do you fabricate? _____

27. Please answer all questions:

a. Employees are provided and required to use appropriate safety equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Fire extinguisher is within 25FT. of welding operation at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. All flammables are removed from welding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. All burning is done in well ventilated areas or with use of respirators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

e. Is welding ever done on containers which have held flammables?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Gas cylinders stored in upright position and secured to wall or holding rack?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Is welding ever done within 200FT. of degreasing operations or open solvent containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Fire watch is maintained or final check made at least one half hour after completion of welding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. All oxygen and acetylene gauges in working order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Mechanical lighters always used for lighting torches	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Hoses stored so as not to be damaged by moving equipment or cause tripping hazard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Protection provided to prevent slag from falling on workers or public below from overhead jobs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

28. \$ _____ Inclusive Limit
Each Occurrence & Aggregate Products/Completed Operations

29. Previous Insurer: _____ Expiring Premium: _____

30. Will they renew?
Yes No

31. If no, give reason for non-renewal: _____

32. Provide claims experience for the 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
			\$	\$
			\$	\$
			\$	\$

33. Additional Details: _____

34. When was loss information updated with the Insurer(s)? _____

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 wilfully 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.

Signature of Applicant (or authorized representative) _____

Print Name and Title _____

Date _____

QUESTIONS TO BE ANSWERED BY BROKER

- 1. Do you know the Applicant personally? _____
- 2. If yes, for how long? _____
- 3. Did you receive the order direct from the Applicant? _____
- 4. If no, from whom and why? _____

- 5. Do you handle other Insurance for Applicant? _____
- 6. Do you recommend this risk in every respect? _____
- 7. Is this risk a renewal to your Office?
Yes No
- 8. If yes, how long have you placed insurance on this risk? _____

Broker's Signature: _____

Date: _____