

## WELDING CONTRACTOR APPLICATION

**PLEASE ANSWER ALL QUESTIONS  
IF A QUESTION OR SECTION IS NOT APPLICABLE THEN PLEASE ANSWER "N/A"**

1. **Name of Applicant:** \_\_\_\_\_  
\_\_\_\_\_

2. **Mailing address:** \_\_\_\_\_  
\_\_\_\_\_

**Website Address:** \_\_\_\_\_

3. Please give complete description of the Insured's operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How long has the Insured been in business? \_\_\_\_\_

5. Breakdown of receipts from:

- 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).....\$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

6. Are all employees covered under WSIB?  YES  NO

If no, please list numbers by job description and estimated payroll:

Total payroll : \$ \_\_\_\_\_ No. of Employees : \_\_\_\_\_

7. Describe work performed for Applicant by sub-contractors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is evidence of Liability Insurance obtained from all sub-contractors?  Yes  No

If "No", please explain \_\_\_\_\_

If "Yes", please advise what limits they are required to provide. \_\_\_\_\_

8. Does applicant have any agreements assuming liability?:  Yes  No  
If no, please explain. \_\_\_\_\_  
If yes, please advise what limits they are required to provide: \_\_\_\_\_

9. Confirm all welding operations are carried out in conformity with standard industry practice.  
\_\_\_\_\_

10. Are all welders certified in compliance with Government requirements?  Yes  No  
If "no", please explain: \_\_\_\_\_

11. List courses, seminars, etc. the principals and supervisory staff have completed. What instructions will be given to new employees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are consultants involved at any time in connection with welding operations?  Yes  No

13. Describe applicant's experience in this business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe the average size of job undertaken by the applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Describe the largest job undertaken by the applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Non-Owned Automobile**

Number of employees using their cars on company business: Regularly \_\_\_\_\_  
Occasionally \_\_\_\_\_  
Estimated annual cost of hired cars: \$ \_\_\_\_\_  
Estimated annual cost of cars operated under contract: \$ \_\_\_\_\_

17. Does applicant presently carry insurance?  YES  NO  
 If yes, who is present insurer? \_\_\_\_\_ Premium: \_\_\_\_\_  
 Is present insurance Claims Made?  YES  NO If Yes, state retro date \_\_\_\_\_  
 Are they willing to renew?  YES  NO  
 If no, please explain: \_\_\_\_\_  
 Does the policy cover all operations of the Insured?  YES  NO  
 If no, please describe: \_\_\_\_\_

**18. Claims History:**

Include total costs from ground up for each claim, including defense costs and deductible. Include loss experience of companies which have been taken over or merged with your company.

Date of Occurrence	Describe Occurrence And Injury or Damage	A M O U N T				Status
		Reserve	Paid	Expenses	Deductible	

Are you aware of any other incidents which may result in claims against you?  YES  NO  
 If yes, give details: \_\_\_\_\_

**19. Accident Prevention and First Aid**

Are any employees trained in First Aid?  YES  NO  
 If "yes", please describe: \_\_\_\_\_  
 Fire alarm – other warning systems: \_\_\_\_\_  
 Is there a security officer or are there loss prevention engineers employed:  YES  NO

20. Specify the limit of liability required.

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

**ANY POLICY ISSUED WILL BE SUBJECT TO A WELDING WARRANTY.**

^ ^ ^ ^ ^ ^ ^ ^ ^

This application does not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

It is mutually agreed between the Company and the Applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the Applicant in any respect.

**THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.**

**I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, AND CLAIMS HISTORY.**

DATED: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_

<b>BROKER NAME:</b>	_____
<b>ADDRESS:</b>	_____ _____ _____
<b>PHONE NO.:</b>	_____
<b>FAX NO.:</b>	_____

Email Form

Print Form