

APPLICANT

Broker: _____ Date: _____

1. QUALIFICATIONS & EXPERIENCE: (include photocopies of all tickets)

- (a) Certificates Held (List): _____
- (b) No. of Yrs. Experience: _____ Insured: _____ Employees: _____
- (c) Please provide copy of Safety and Fire Prevention Manual.

2. TYPE OF WELDING DONE:

- (a) Shop Only? YES NO
- (b) Off Premises? YES NO Percentage Involved _____ %
- (c) **OILFIELD:** Total Revenue \$ _____
 - Is Welding Strictly at Oil Site? YES NO
 - Is Welding Done on Rigs? YES NO
 - Is Welding Done on Oil & Gas Well Installations YES NO
 - Any Pipeline Welding? YES NO
 - Any "Hot" Work? YES NO
 - Any Welding Inside Oil Company Yards? YES NO
 - Any Welding Inside Gas Plants? YES NO
 - Any Welding Inside Refineries? YES NO
 - Is Welding Supervised by Oil Company Personnel? YES NO

(d) GENERAL:

What Type of welding is done? _____

Welding Involved with New Construction or Existing Structures? _____

- 3. Fire Precautions Taken: _____
- 4. Percentage of Work Sublet? _____ % Certificates of Insurance Obtained? YES NO

PLEASE READ BEFORE SIGNING: A claim will become invalid and the Insured's right of recovery is forfeited where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured fails to inform material changes to these facts during the term of the contract; (c) the insured contravenes a term of the contract or commits a fraud; or (d) the insured willfully makes a false statement in respect of a claim.

The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information.

The personal information provided in this document and in the future including, but not limited to, credit information and claims history may be collected, used and disclosed by the insured's representative or insurance company, subject to local legislation, for the purpose of communicating with the insured or their representative, assessing the application for insurance and underwriting any such policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

NOTE: Insurance is not in effect until Premier has issued a binder or policy documents.

Signature of applicant

Date

Broker Name

Date

Premier Canada Assurance Managers Ltd. is one of Canada's largest Managing Underwriting Agents. The underwriting insurance carrier varies by line of business and region - please refer to specific quote for declaration of the underwriting insurance company(s).

**** Email application and attachments to - newbizcommercial@premiergroup.ca ****

Vancouver - T 604.669.5211 F 604.669.2667 London - T 519.850.1610 F 519.850.1614