

**SECTION 1: GENERAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Principal: \_\_\_\_\_
3. Mailing Address of Applicant: \_\_\_\_\_
4. Risk Location (Legal Address): \_\_\_\_\_
5. Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Email: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Lost Payee & Address: \_\_\_\_\_
8. Additional Insured(s) & Address: \_\_\_\_\_

**SECTION 2: UNDERWRITING INFORMATION**

1. Years of Experience: \_\_\_\_\_ Length of Time in Business: \_\_\_\_\_

2. Experience:

	Number of Years Working with the following Tickets	% of Work Performed	Number of Employees each with the following Tickets	% of Work each Employee Performs
Journeyman				
B Pressure				
A Pressure				

Overall, what percentage of the above work is done: In a Shop: \_\_\_\_\_ Off Premises: \_\_\_\_\_

3. Do your operations include any of the following:

- Hot Tap Welding       Oilfield Work       Rigging       Underwater  
 Demolition       Tank Repairs       Vehicle Repairs/Modifications  
 Underground Vessels       Blinding/Purging Vessels       Raising/Moving of Structures

4. Please describe the above operations and all others pertinent to your job:

\_\_\_\_\_

5. Estimated Gross Receipts: \_\_\_\_\_  
 What percentage of the above will be completed by sub-contractor(s)? \_\_\_\_\_

6. Do you work outside of Canada?  Yes  No

If yes, what percentage and where, respectively: \_\_\_\_\_

7. Do you manufacture any products for resale?  Yes  No

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

\_\_\_\_\_  
If yes, are any products sold outside of Canada?  Yes  No

8. Are you and all of your employees covered by Workers' Compensation?  Yes  No

Do you follow WCB safety regulations?  Yes  No

If no, please explain: \_\_\_\_\_

9. Do you own your own shop?  Yes  No

If yes, what do you fabricate (if any)? \_\_\_\_\_

10. Can you please advise on the following:

- Are employees provided and required to use appropriate safety equipment?  Yes  No
- Is a fire extinguisher within 25 feet of welding operations at all times?  Yes  No
- Are all flammables removed from the welding area(s)?  Yes  No
- Is all burning done in a well ventilated area or with use of a respirator?  Yes  No
- Is welding ever done on containers which have held flammables?  Yes  No
- Are gas cylinders stored in an upright position and secured to the wall or holding rack?  Yes  No
- Is welding ever done within 200 feet of a degreasing operation or open solvent containers?  Yes  No
- Is a fire watch maintained or final check made at least one half hour after completion of welding?  Yes  No
- Are all oxygen and acetylene gauges in working order?  Yes  No
- Are mechanical lighters always used for lighting torches?  Yes  No
- Are hoses stored, so as to not be damaged by moving equipment or cause tripping hazards?  Yes  No
- Is protection provided to prevent slag from falling on workers or public below from overhead jobs?  Yes  No

**SECTION 3: COVERAGES**

- Property:  Broad Form     Named Perils Form     Fire Only Form  
 Earthquake     Flood     Sewer Back-up  
 Replacement Cost (Except "Stock")     Actual Cash Value

Coverage	Amount
<b>1. Property:</b>	
Building	
Equipment	
Stock	
Tenant Improvements & Betterments	
Customers Goods	
Business Interruption	
<input type="checkbox"/> Gross Earnings, Co-Insurance _____ %	
<input type="checkbox"/> Profits Form	
<input type="checkbox"/> Actual Loss Sustained	
Extra Expenses	
EDP (Electronic Date Processing Form)	
Tool Floater (Please provide a complete list with individual values)	
Contractors Equipment Floater (Please provide a complete list with individual values)	
<b>2. Equipment Breakdown:</b>	
<b>3. Crime:</b>	
Inside/Outside Robbery	
Money (Broad Form)	
Burglary Damage to Building	
Comprehensive Dishonesty, Disappearance and Destruction	
<b>4. Liability:</b>	
Commercial General Liability	
Tenants Legal Liability	
Non-Owned Automobile	
<b>5. Other Coverages Required (Not Listed Above):</b>	

**SECTION 4: INSURANCE & LOSS HISTORY INFORMATION**

1. Previous Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_  
Expiring Premium: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

2. Is the above Insurer offering renewal?  Yes  No

If yes, renewing premium: \_\_\_\_\_

If no, please advise why not: \_\_\_\_\_

3. Claims Experience. Describe all liability losses or incidents paid, or reserved, since the Insured has been working in his field (include dates and amounts):  
\_\_\_\_\_  
\_\_\_\_\_

4. Effective Date: \_\_\_\_\_

**SECTION 5: OTHER INFORMATION**

Please provide any other information you feel would assist in the evaluation of your application:

**SECTION 6: DECLARATION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Risk-Can Underwriting Managers until accepted by Risk-Can Underwriting Managers, but that the information contained herein shall be the basis of the contract should a policy be issued.

I declare that the statements made in this application are complete and true to the best of my knowledge. I understand that the Application Form will form part of the insurance policy. I acknowledge that if, at any time of claim, it is discovered that any question in this application is not answered truthfully, accurately and completely, it may result in the non-payment of any claim and/or my coverage will be made null and void.

Your privacy is protected: The insurance coverage you are applying for is provided to you by Risk-Can Underwriting Managers and Risk-Can Underwriting Managers will collect, use and disclose the personal information, which you give, for the purpose of providing you with insurance services. Your information may be disclosed to others in the credit services, investigative and/or insurance fields as necessary to underwrite and administer this insurance and to pay any benefits.

Applicant's Name (Please print)	Title/Position
Signature of Applicant	Date (MM/DD/YYYY)

**BROKER CONTACT INFORMATION**

Agent Name: _____	Brokerage Name: _____
Email: _____	Address: _____
Phone: _____	City / Province: _____
Fax: _____	Postal Code: _____

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