

**NEW BUSINESS APPLICATION – WELDERS**

**1. General Information**

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Website: \_\_\_\_\_  
 Legal Address (if different from mailing): \_\_\_\_\_  
 Current Insurer: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Expiring Premium: \_\_\_\_\_

**2. Claims History**

Any Claims in the past 3 years? \*\*\*if yes provide details  Yes  No

Type & Description of Loss	Date of Loss	Amount Paid	Claim Closed?

**3. Certification**

Ticket Class	Date Rec'd	Years' Experience	Certificate #
1 <sup>st</sup> Class Journeyman			
A - Pressure			
B - Pressure			
Other – Please list			

**4. Welding Details**

a) Estimated annual revenues: \$ \_\_\_\_\_  
 b) What type of welding are you engaged in? Please provide % of each type to a total of 100% of your operations.  
 Pipeline: \_\_\_\_\_ Plant & Facilities: \_\_\_\_\_  
 Fabrication: \_\_\_\_\_ Hot Tap/Live Wire: \_\_\_\_\_  
 Agriculture: \_\_\_\_\_ Saw/Pulp/Paper Mills: \_\_\_\_\_  
 General: \_\_\_\_\_  
 Other (provide details on each operation with examples of what they are welding on):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) Percentage of work done at a Third Party Premises/Shop \_\_\_\_\_ %  
 d) Percentage of work done on Owned/Rented Premises/Shop: \_\_\_\_\_ %  
 e) Percentage of work done off Premises/in field: \_\_\_\_\_ %  
 f) Do you have any USA or Foreign Exposures?  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 g) Do you have any apprentices?  Yes  No  
 I. Are they supervised per provincial requirements?  Yes  No  
 II. Maximum number of apprentices at any one time? \_\_\_\_\_  
 h) Are you doing any inspecting?  Yes  No  
 I. Type of inspections done? \_\_\_\_\_  
 II. Percentage of gross receipts from inspecting? \_\_\_\_\_ %

**5. Limits Required**

Commercial General Liability  \$1,000,000  \$2,000,000  \$5,000,000  Other \_\_\_\_\_  
 Forest Fire Fighting Expense  \$250,000  \$500,000  \$1,000,000  Other \_\_\_\_\_  
 Limited Pollution Coverage  \$250,000  \$500,000  \$1,000,000  Other \_\_\_\_\_

If Property Coverage is required, please fully complete the table below:

Contractor's Equipment Description	Limit	Year	Make	Serial #
<b>Tools – Max \$1000 any one item or set unless specifically scheduled</b>				

**NOTICE TO APPLICANT – PLEASE READ CAREFULLY**

The applicant declares that the statements and information set forth in this Application and in any attachments made hereto are true and no material facts have been suppressed or misstated.

The applicant agrees that the Insurance Company or its designee may make such inquiries with respect to the proposed insurance as are deemed necessary by the Insurance Company. The Insurance Company reserves the right to amend the terms, conditions and limitations of any policy issued as a result of this Application if subsequent to the date of this Application, but prior to the inception date of such policy, if there are any material changes to the information contained herein. In the event of such material changes as aforesaid, the applicant agrees to give immediate written notice to the Insurance Company and the former insurer and such notice shall attach to and form part of this Application.

Signing this Application does not bind the applicant to the Insurance Company to complete the insurance, but is agreed that the statements and particulars contained in this Application will be relied upon by the Insurance Company should a policy be issued, and, in such case, the Application shall form a part of the policy.

**Privacy Disclosure and Consent**

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

**Applicant's Signature:** \_\_\_\_\_

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

**Brokerage Name:** \_\_\_\_\_

**Broker's Signature:** \_\_\_\_\_

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