

SECTION 1: GENERAL INFORMATION

- Name of Applicant: _____
- Principal: _____
- Mailing Address of Applicant: _____
- Risk Location (Legal Address): _____
- Business Phone: _____ Residence Phone: _____ Cell Phone: _____
- Email: _____ Fax: _____
- Lost Payee & Address: _____
- Additional Insured(s) & Address: _____

SECTION 2: UNDERWRITING INFORMATION

- Years of Experience: _____ Length of Time in Business: _____

- 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: _____

- 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

- 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)? _____

- 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
1. Property:	
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 Data Processing Form)	
Tool Floater (Please provide a complete list with individual values)	
Contractors Equipment Floater (Please provide a complete list with individual values)	
2. Equipment Breakdown:	
3. Crime:	
Inside/Outside Robbery	
Money (Broad Form)	
Burglary Damage to Building	
Comprehensive Dishonesty, Disappearance and Destruction	
4. Liability:	
Commercial General Liability	
Tenants Legal Liability	
Non-Owned Automobile	
5. Other Coverages Required (Not Listed Above):	



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: _____