

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 st 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): _____
- c) Percentage of work done on Premises/Shop: _____ %
- d) Percentage of work done off Premises/in field: _____ %
- e) Do you have any USA or Foreign Exposures? Yes No
 If yes, provide details: _____
- f) 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? _____
- g) 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 #
Tools – Max \$1000 any one item or set unless specifically scheduled				

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: _____