

WELDING QUESTIONNAIRE

Name of Applicant/Insured:

Policy Number:

1. Insured's Qualifications: (include photocopies of all tickets)

- ___ No ticket
- ___ 1st Class Journeyman
- ___ "B" Pressure
- ___ "A" Pressure
- ___ Other
- ___ Apprentice
- ___ Underwater

Effective Date: _____
 Expiry Date: _____
 Heavy Wall: _____
 TIG: _____ MIG: _____
 Year: _____

***Complete above for Insured and all employees involved in welding. Attach supplemental employee report if necessary.**

2. Has the applicant ever had certification of license revoked? If yes, please provide details.

3. Years in business or years of experience: Insured: _____ Employees: _____

4. a) Advise percentage of: General Welding (Non Oilfield): _____%
 Oilfield Welding: _____%

b) Advise percentage of welding/cutting done in your welding shop or off premises:

- i) General Welding (Non Oilfield):
 In Shop: _____% Off Premises: _____%
- ii) Oilfield Welding:
 In Shop: _____% Off Premises: _____%

5. Does Applicant do primarily new projects or repair work? _____

6. Please provide us with a description of the normal welding operations conducted. Explain fully.

7. Please indicate work done on the following types of risks:

- | | | |
|----------------------------------------------|------------------------------|-----------------------------|
| A) Oil Rigs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B) Pipelines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C) Flood Lines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D) Compressor Station Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E) Repairs to Well Head Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F) Refinery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G) Natural Gas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H) High Pressure Vessels at Industrial Sites | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I) Grain Elevators | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| J) Bridges | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| K) Aircraft Hangars | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| L) Storage Tanks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| M) Risks with Flammable Liquids or Vapours | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| N) Risks with Potential Dust Explosives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| O) Other (please describe) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- _____
- _____

8. Does the Applicant do any Hot Tapping? Yes No

9. Area of operations: _____

10. Is the Welding Electric or Oxy-Acetylene? _____

11. Is the Welding Unit Truck Mounted or Portable? _____

12. a) Does Applicant pre-determine the flammability of contents in a building that is being worked on?

b) Does the Applicant clear as much combustible material as possible from the building prior to starting the operations? _____

13. Loss Control Procedures

- | | | |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| A) Are signs posted to indicate welding is going on? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B) Are all spectators cleared from the welding area to prevent injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C) Are barriers put up around worksite to prevent bystanders from wandering onto worksite? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D) Are screens put up at worksite to prevent ultraviolet radiation from straying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E) Does applicant ever turn off a client's sprinkler system in order to perform hot work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- What safety procedures are followed under these circumstances? _____
- _____

13. continued...

- F) Does Applicant always carry a portable extinguisher to worksite in case the client's extinguishers are inadequate? Yes No
- G) Does the Applicant ensure that a fire watcher is at the worksite for 30 minutes after process has been completed? Yes No

14. If welding is done on a pipeline, is that portion of the line where work is being performed shut down? Yes No

If no, please explain _____

15. If welding is done on storage tanks, are the tanks empty? Yes No

If not, what is the capacity of the tank(s)? Explain _____

16. How many employees does the Applicant have? _____

17. Are any employees learning welding/cutting "on the job" rather than going through an appropriate training program?

18. Are new employees permitted to perform tests or weld without a supervisor? Yes No

19. Subcontracting Information

- A) Does Applicant ever subcontract out parts of a job? Yes No
- B) If so, are checks made to ensure that subcontractors have proper certification? Yes No
- C) Are certificates of insurance obtained in all cases when subcontractors are used? Yes No
- D) How does Applicant verify qualifications of subcontractors? _____

20. What kind of Quality Control procedures does the Applicant employ? _____

21. Does the Applicant employ a certified welding inspector? Yes No

22. What kind of tests are run on welds to assure that there are no faults or weak spots? _____

23. What training does Applicant have in results interpretation? _____ _____		
24. Is the testing verified by others? If yes, by whom? _____	ÿ Yes	ÿ No
25. Is Applicant aware and in compliance with local building codes?	ÿ Yes	ÿ No
26. Does Applicant do any design work? If yes, please describe _____ _____	ÿ Yes	ÿ No
27. Is the Applicant hired under contract to perform work for any particular oil group? If yes, please explain _____ _____	ÿ Yes	ÿ No
28. Gross Receipts: Previous Years: _____ Estimated Coming Year: _____		
29. Previous Insurer: _____ Policy Number: _____		
30. Has the Applicant ever been refused insurance by any insurer? If yes, provide details _____ _____	ÿ Yes	ÿ No
31. List all past losses		
Date:	Description of Loss:	Amount of Loss:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that to the best of my knowledge, all of the information on this questionnaire is true and that these statements are the declarations upon which insurance coverage is provided.

Signing this form does not bind the applicant or the insurer to complete the insurance.

Date

Signature of an Executive Officer of the Named Insured
if a corporation, or owner or partner if otherwise.

Broker

Broker Title

****Attach a separate note to further clarify answers to any of the above questions, if necessary.**