

Supplemental Employee Report

Name of Applicant/Insured: _____

Policy Number: _____

1. Employee Name: _____

Qualifications: (include photocopies of all tickets)

- | | |
|---|-----------------------|
| <input type="checkbox"/> No ticket | Effective Date: _____ |
| <input type="checkbox"/> 1st Class Journeyman | Expiry Date: _____ |
| <input type="checkbox"/> "B" Pressure | Heavy Wall: _____ |
| <input type="checkbox"/> "A" Pressure | TIG: _____ MIG: _____ |
| <input type="checkbox"/> Other | Year: _____ |
| <input type="checkbox"/> Apprentice | |
| <input type="checkbox"/> Underwater | |

2. Employee Name: _____

Qualifications: (include photocopies of all tickets)

- | | |
|---|-----------------------|
| <input type="checkbox"/> No ticket | Effective Date: _____ |
| <input type="checkbox"/> 1st Class Journeyman | Expiry Date: _____ |
| <input type="checkbox"/> "B" Pressure | Heavy Wall: _____ |
| <input type="checkbox"/> "A" Pressure | TIG: _____ MIG: _____ |
| <input type="checkbox"/> Other | Year: _____ |
| <input type="checkbox"/> Apprentice | |
| <input type="checkbox"/> Underwater | |

3. Employee Name: _____

Qualifications: (include photocopies of all tickets)

- | | |
|---|-----------------------|
| <input type="checkbox"/> No ticket | Effective Date: _____ |
| <input type="checkbox"/> 1st Class Journeyman | Expiry Date: _____ |
| <input type="checkbox"/> "B" Pressure | Heavy Wall: _____ |
| <input type="checkbox"/> "A" Pressure | TIG: _____ MIG: _____ |
| <input type="checkbox"/> Other | Year: _____ |
| <input type="checkbox"/> Apprentice | |
| <input type="checkbox"/> Underwater | |

4. Employee Name: _____

Qualifications: (include photocopies of all tickets)

- | | |
|---|-----------------------|
| <input type="checkbox"/> No ticket | Effective Date: _____ |
| <input type="checkbox"/> 1st Class Journeyman | Expiry Date: _____ |
| <input type="checkbox"/> "B" Pressure | Heavy Wall: _____ |
| <input type="checkbox"/> "A" Pressure | TIG: _____ MIG: _____ |
| <input type="checkbox"/> Other | Year: _____ |
| <input type="checkbox"/> Apprentice | |
| <input type="checkbox"/> Underwater | |