



Intact Insurance Company

Welding Questionnaire

Name of Applicant/Insured:	Policy Number:
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Applicant's/Insured's Qualifications

1. Complete this section for Insured and all employees involved in welding. Attach supplemental employee report if necessary. Attach photocopies of all tickets

_____ 1st Class Journeyman
 _____ "A" Pressure
 _____ "B" Pressure
 _____ Underwater
 _____ Apprentice
 _____ No Ticket
 _____ Other – Please specify

2. Has the Applicant/Insured ever had certificates or license revoked? If yes, please provide details:

3. How many years has the Applicant/Insured been in business on his own? _____

How many years experience has the Applicant/Insured had working for others? _____

How many years experience have the Applicant's/Insured's employees had? _____

Type of Welding Operations Conducted

4. Is welding/cutting done in the Applicant's/Insured's Welding shop or away from his own premises? Please provide percentage of work done in each of the following (**Note: the below values should all add up to 100%):

General Welding in shop _____ % General Welding away from own premises _____ %

Oilfield Welding in shop _____ % Oilfield Welding away from own premises _____ %

5. Does the Applicant/Insured do primarily new projects or repair work?

6. Please provide a general description of the normal welding operations conducted. Explain fully: _____

Type of Welding Operations Conducted (Continued)

7. Is any work done on the following types of risks?			Please state the percentage of total operations for each
Oil Rigs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Pipe Lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Flood Lines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Compressor Station Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Repairs to Well Head Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Refineries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Natural Gas Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
High Pressure Vessels at industrial sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Grain Elevators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Bridges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Aircraft Hangars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Storage Tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Risks with flammable liquids or vapours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Risks with potential dust explosions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Other: Please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

8. Does the Applicant/Insured do any Hot Tapping (Hot Line Tie-ins)? Yes No

9. Area of Operations: _____

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

11. Is the welding unit Truck Mounted or Portable? _____

Loss Control Procedures

12. Does the Applicant/Insured pre-determine flammability of contents in a building that is being worked on and clear as much combustible material as possible from the building prior to starting the operation? Yes No

13. Are signs posted to indicate welding is going on? Yes No

14. Are all spectators cleared from the welding area to prevent injury? Yes No

15. Are barriers put up around the worksite to prevent bystanders from wandering onto the worksite? Yes No

16. Are screens put up at worksite to prevent ultraviolet radiation from straying from the worksite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the Applicant/Insured ever turn off a client's sprinkler system in order to perform work? If yes, what safety procedures are followed under these circumstances? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does the Applicant/Insured always carry portable extinguishers to the worksite in case client's extinguishers are inadequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does the Applicant/Insured keep a fire watcher at the worksite for at least 1 hour (60 minutes) after the process has been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. If welding is done on a pipeline, is that portion of the line where the work is being performed shut down? If no, please explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If welding is done on storage tanks, are the tanks empty? If not, what is the capacity of the tank? Explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Quality Control

21. How many employees does the Applicant/Insured have?	
22. Are any of these employees learning welding/cutting "on the job" rather than going through a proper training program? If yes, please explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are new employees permitted to perform tests or welds without a supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does the Applicant/Insured ever subcontract out parts of jobs? If yes, what type of work is subbed out and what is the annual cost of each type of work subbed out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type: _____	Cost: \$ _____
	\$ _____
	\$ _____
25. Are checks made to ensure that subcontractors have proper certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are certificates of Insurance obtained in all cases when subcontractors are used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. How does the Applicant/Insured verify qualifications of subcontractors? _____	
28. What kind of quality control procedures does the Applicant/Insured employ? _____	

29. Does the Applicant/Insured employ a certified Welding Inspector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. What kinds of tests are run on welds to ensure that there are no faults or weak spots in them?	_____
31. What training does the Applicant/Insured have in results interpretation?	_____
32. Is the testing verified by others? If so, by whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is the Applicant/Insured aware and in compliance with any local building coded?	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information

34. Does the Applicant/Insured do any design work? If yes, please describe _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. What was the Applicant's/Insured's total gross revenue last year?	\$ _____	
36. What is the estimated total gross revenue for the coming year?	\$ _____	
37. What limit of insurance is required?		
38. Previous Insured:	Policy Number:	
39. Has the applicant ever been refused insurance by any insurer? If yes, provide details _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. List all past losses, whether insured or not		
Date	Description	Amount Paid
		\$ _____
		\$ _____
		\$ _____
		\$ _____



Declaration

I declare 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

Title

If necessary, attach a separate note to further clarify answers to any of the above questions.