Welding Insurance Questionnaire

NOTES:  (1)  We require a **minimum** of 14 days to provide a quote.
        (2)  Please include Web Page URL, and email location Photos to manager@jdsmithinsurance.com
        (3)  Please include a copy of recent Insurance Policy, and copy of COMPANY BROCHURES
        (4)  Please complete ALL sections of this questionnaire. If not applicable - indicate N/A

Name of Applicant/Insured:

1. Insured's Qualifications: (include photocopies of all tickets)
   - No ticket
   - 1st Class Journeyman Effective Date: ___________________
   - "B" Pressure Expiry Date: __________________________
   - "A" Pressure Heavy Wall: ___________________________
   - Other TIG: __________ MIG: __________
   - Apprentice Year: __________
   - Underwater

*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:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Oil Rigs</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>Pipelines</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>Flood Lines</td>
<td>Yes</td>
</tr>
<tr>
<td>D</td>
<td>Compressor Station Maintenance</td>
<td>Yes</td>
</tr>
<tr>
<td>E</td>
<td>Repairs to Well Head Equipment</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>Refinery</td>
<td>Yes</td>
</tr>
<tr>
<td>G</td>
<td>Natural Gas</td>
<td>Yes</td>
</tr>
<tr>
<td>H</td>
<td>High Pressure Vessels at Industrial Sites</td>
<td>Yes</td>
</tr>
<tr>
<td>I</td>
<td>Grain Elevators</td>
<td>Yes</td>
</tr>
<tr>
<td>J</td>
<td>Bridges</td>
<td>Yes</td>
</tr>
<tr>
<td>K</td>
<td>Aircraft Hangars</td>
<td>Yes</td>
</tr>
<tr>
<td>L</td>
<td>Storage Tanks</td>
<td>Yes</td>
</tr>
<tr>
<td>M</td>
<td>Risks with Flammable Liquids or Vapours</td>
<td>Yes</td>
</tr>
<tr>
<td>N</td>
<td>Risks with Potential Dust Explosives</td>
<td>Yes</td>
</tr>
<tr>
<td>O</td>
<td>Other (please describe)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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?  
- Yes  
- No

B) Are all spectators cleared from the welding area to prevent injury?  
- Yes  
- No

C) Are barriers put up around worksite to prevent bystanders from wandering onto worksite?  
- Yes  
- No

D) Are screens put up at worksite to prevent ultraviolet radiation from straying?  
- Yes  
- No

E) Does applicant ever turn off a client's sprinkler system in order to perform hot work?  
- Yes  
- 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?  
☐ Yes  ☐ No
   If yes, by whom?  
______________________________________________________________________________________

25. Is Applicant aware and in compliance with local building codes?  
☐ Yes  ☐ No

26. Does Applicant do any design work?  
☐ Yes  ☐ No
   If yes, please describe  
______________________________________________________________________________________

27. Is the Applicant hired under contract to perform work for any particular oil group?  
☐ Yes  ☐ No
   If yes, please explain  
______________________________________________________________________________________

28. Gross Receipts:  
   Previous Years: ___________________         Estimated Coming Year: ___________________

29. Previous Insurer: _________________________________         Policy Number: ___________________________

30. Has the Applicant ever been refused insurance by any insurer?  
☐ Yes  ☐ No
   If yes, provide details  
______________________________________________________________________________________
31. List all past losses

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Loss</th>
<th>Amount of Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

__________________________________________  ______________________________________________
Broker                                             J.D. Smith Insurance

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

NOTES: