



WELDING, BRAZING & CUTTING QUESTIONNAIRE

Name and address of Applicant/Insured

Policy Number _____

1. General description of the Applicant's operation.

2. Applicant years in business or years of experience _____ No. of Employees _____

3. Percentage of work done in welding shop _____ % or off premises _____ %

4. Is off premises work done on the following types of risks?

Aircraft Hangars	Y <input type="checkbox"/> N <input type="checkbox"/>	Oil Rigs	Y <input type="checkbox"/> N <input type="checkbox"/>
Bridges	Y <input type="checkbox"/> N <input type="checkbox"/>	Pipelines	Y <input type="checkbox"/> N <input type="checkbox"/>
Compressor Station Maintenance	Y <input type="checkbox"/> N <input type="checkbox"/>	Refinery	Y <input type="checkbox"/> N <input type="checkbox"/>
Commercial Sites	Y <input type="checkbox"/> N <input type="checkbox"/>	Residential Sites	Y <input type="checkbox"/> N <input type="checkbox"/>
Flood Lines	Y <input type="checkbox"/> N <input type="checkbox"/>	Risks with Flammable Liquids/Vapors	Y <input type="checkbox"/> N <input type="checkbox"/>
Grain Elevators	Y <input type="checkbox"/> N <input type="checkbox"/>	Risks with Potential Dust Explosives	Y <input type="checkbox"/> N <input type="checkbox"/>
Industrial Sites	Y <input type="checkbox"/> N <input type="checkbox"/>	Storage Tanks	Y <input type="checkbox"/> N <input type="checkbox"/>
Natural Gas	Y <input type="checkbox"/> N <input type="checkbox"/>	Well Head Equipment	Y <input type="checkbox"/> N <input type="checkbox"/>
Other (Describe) _____			

5. Does Applicant do any hot tapping? Y N

6. Percentage of work done on new projects _____ % or repair work _____ %

7. Percentage of work done by electric arc welding _____ % gas welding/brazing _____ % other _____ %
(describe process) _____

8. Percentage of work done on pipe and pressure vessel welding (incl. boilers) _____ % structural welding _____ %
other _____ % (describe) _____

9. If involved in pipe and pressure vessel or structural welding, does Applicant/Insured comply with the requirements of the following Organizations

PIPE AND PRESSURE VESSEL WELDING/BRAZING

- American Society of Mechanical Engineers (ASME) - (new projects) - Y N
- National Board of Boiler & Pressure Vessel Inspectors (NB) - (repair work) - Y N
- CSA - B51 Boiler, Pressure Vessel, and Pressure Piping Code Y N
- Provincial Boiler and Pressure Vessel Authority Y N

STRUCTURAL WELDING

- Canadian Building Code Y N
- Canadian Welding Bureau Y N
- CSA Code W47.1-92 Y N

10. is Applicant aware of and in compliance with local building codes? Y N

I 1. Number of employees certified for pipe and pressure vessel welding _____, structural welding _____, other _____
(describe) _____
(provide photocopies of all welders' certificates)

12. Are employees trained "on the job" or through a proper training program? _____

13. Are new employees permitted to perform tests or weld without supervision? Y N

14. What kind of quality control procedures does the Applicant employ? _____

15. What kind of tests are done on welds to assure that there are no faults or weak spots in them?

16. Does Applicant have any training in results interpretation? Y N

17. Does the Applicant employ a certified welding inspector? Y N

18. Is the testing done by others? Y N
If yes, by whom? _____

19. If welding is done on a pipeline, is that portion of the line where work is being performed shut down? Y N
If not, please explain? _____

20. If welding is done on storage tanks, are they empty?

Y N

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

21. Does Applicant do any design work?

Y N

If yes, please describe? _____

22. Is the Applicant hired under contract to perform work for a particular oil group?

Y N

If yes, explain _____

23. Loss Control Procedures

Are signs posted to indicate welding is going on?

Y N

Are all spectators cleared from the weld area to prevent injury?

Y N

Are barriers put up around worksite to prevent bystanders from wandering onto jobsite?

Y N

Are screens put up around worksite to prevent ultraviolet radiation from straying worksite?

Y N

Does Applicant ever turn off a client's sprinkler system in order to perform hot work?

Y N

If yes, what safety procedures are followed? _____

Does Applicant always carry a portable fire extinguisher to worksite in case the client's extinguishers are inadequate?

Y N

Does the Applicant keep a fire watcher at worksite for 30 minutes after process has been completed?

Y N

24. Does Applicant pre-determine flammability of contents in a building that is being worked on, and clears as much combustible material as possible from building prior to starting the operation _____

25. Subcontracting

Does Applicant ever subcontract out parts of a job?

Y N

If yes, are checks made to ensure that subcontractors have proper certification?

Y N

Are Certificates of Insurance obtained in all cases when subcontractors are used?

Y N

How does Applicant verify qualifications of subcontractors? _____

26. Does Applicant own his welding equipment?

Y N

27. Are welding units Truck Mounted or Portable?

Y N

28. Any pipe thawing?

Y N

29. Gross Receipts: Previous Years: _____ Estimated coming Year: _____

30. Previous Insurer: _____ Policy No.: _____

31. Has the Applicant ever had certification or license revoked? y N
If yes, please provide details _____

32. Has the Applicant ever been refused insurance by any Insurer? y N
If yes, provide details _____

33. List all past losses

Date	Description of Loss	Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that to the best of my knowledge, all of the information on this questionnaire is true and that these statements are 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 other wise.

Broker Title

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