

**A.M. FREDERICKS UNDERWRITING MANAGEMENT LTD.**

**WELDING APPLICATION**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Trade/Incorporated \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Years of experience \_\_\_\_\_

How long as self-employed: \_\_\_\_\_

Number of years working the following tickets:

What % of work is performed from column one:

Number of employees each with the following tickets:

What % of work do employees perform from column one:

Journeyman: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B pressure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A Pressure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall, what percentage of work is done:

In a shop: \_\_\_\_\_

Off premises \_\_\_\_\_

Do completed or planned operations include any of the following:

YES

NO

YES

NO

\_\_\_\_\_

\_\_\_\_\_

Hot tap welding

\_\_\_\_\_

\_\_\_\_\_

Tank repairs

\_\_\_\_\_

\_\_\_\_\_

Oilfield work

\_\_\_\_\_

\_\_\_\_\_

Vehicle repairs or modifications

\_\_\_\_\_

\_\_\_\_\_

Rigging

\_\_\_\_\_

\_\_\_\_\_

Underground vessels

\_\_\_\_\_

\_\_\_\_\_

Underwater

\_\_\_\_\_

\_\_\_\_\_

Blinding/purging vessels

\_\_\_\_\_

\_\_\_\_\_

Demolition

\_\_\_\_\_

\_\_\_\_\_

Raising or moving of structures

Describe the above operations and all others pertinent to your job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were your total Gross Receipts, before expenses last year \_\_\_\_\_

What are your estimated Gross Receipts, before expenses this year \_\_\_\_\_

From the estimated receipts for this upcoming year what do you estimate the following:

What percentage of this years work will be completed as a Contractor \_\_\_\_\_

Sub Contractor \_\_\_\_\_

What percentage of above do you expect to sub contract out to someone else \_\_\_\_\_

\_\_\_\_\_

Would you be able to supply a statement from previous employer / contractor providing your employment history stating experience, claims history and number of years employed if it was to your benefit: \_\_\_\_\_

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Does your work take you outside of your province \_\_\_\_\_ If yes where & how many times per year

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Do you ever manufacture a product for resale \_\_\_\_\_

If yes please describe the products and explain what warranty you provide: \_\_\_\_\_

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Are any products sold outside of Canada \_\_\_\_\_ If yes explain \_\_\_\_\_

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Are you and all employees covered by Workers Compensation \_\_\_\_\_ Do you follow WCB safety regulations \_\_\_\_\_ If no explain \_\_\_\_\_

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Do you own your own shop \_\_\_\_\_ If yes what do you fabricate \_\_\_\_\_

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<b>Please answer all questions:</b>	<b>YES</b>	<b>NO</b>
( 1) Employees are provided and required to use appropriate safety equipment?	<input type="checkbox"/>	<input type="checkbox"/>
( 2) Fire extinguisher is within 25FT. of welding operation at all times?	<input type="checkbox"/>	<input type="checkbox"/>
( 3) All flammables are removed from welding area?	<input type="checkbox"/>	<input type="checkbox"/>
( 4) All burning is done in well ventilated areas or with use of respirators?	<input type="checkbox"/>	<input type="checkbox"/>
( 5) Is welding ever done on containers which have held flammables?	<input type="checkbox"/>	<input type="checkbox"/>
( 6) Gas cylinders stored in upright position and secured to wall or holding rack?	<input type="checkbox"/>	<input type="checkbox"/>
( 7) Is welding ever done within 200FT. of degreasing operations or open solvent containers?	<input type="checkbox"/>	<input type="checkbox"/>
( 8) Fire watch is maintained or final check made at least one half hour after completion of welding?	<input type="checkbox"/>	<input type="checkbox"/>
( 9) All oxygen and acetylene gauges in working order?	<input type="checkbox"/>	<input type="checkbox"/>
(10) Mechanical lighters always used for lighting torches	<input type="checkbox"/>	<input type="checkbox"/>
(11) Hoses stored so as not to be damaged by moving equipment or cause tripping hazard?	<input type="checkbox"/>	<input type="checkbox"/>
(12) Protection provided to prevent slag from falling on workers or public below from overhead jobs?	<input type="checkbox"/>	<input type="checkbox"/>

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STATE LIMIT OF LIABILITY REQUIRED

\$ \_\_\_\_\_ Inclusive Limit  
Each Occurrence & Aggregate Products/Completed Operations

STANDARD COVERAGES INCLUDED IN CGL WORDING

- |   |   |
|---|---|
| Products and Completed Operations       | Occurrence Basis Property Damage            |
| Employees as Additional Insureds        | Contingent Employer's Liability             |
| Operation of Attached Machinery         | Broad Form Property Damage                  |
| Blanket Contractual Liability           | Medical Payments (\$2,500/\$25,000)         |
| Contractors/Owners Protective Liability | Non-Owned Auto – excluding long term leased |
| Personal Injury                         |   |

N.B. It is the right of the Insurer to modify or delete any of the above coverages by endorsement.

CHECK (√) ADDITIONAL COVERAGE DESIRED

	<u>Limit</u>
_____ Tenants' Legal Liability	_____
_____ SEF/OEF/QEF #94 – PP & LC only	_____
_____ Advertising Liability	_____
_____ Employee Benefits E&O	_____
_____ Other Coverages - please specify	_____

Previous Insurer

Expiring Premium

Will they renew?      Yes         No  

If no, give reason for non-renewal \_\_\_\_\_

Provide claims experience for last five (5) years showing: (give details on any claims exceeding \$500.)

Date	B.I or P.D	Description	Amount Paid incl. Expenses	Amount O/S
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL DETAILS

\_\_\_\_\_  
\_\_\_\_\_

When was loss information updated with the Insurer(s)? \_\_\_\_\_

**\*\*\*COVERAGE SUBJECT TO THE FOLLOWING ENDORSEMENTS AND WARRANTIES:  
(additional conditions may also be applied upon underwriting review)**

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**WELDING, CUTTING, BRAZING, BURNING AND/OR OPEN FLAME WARRANTY  
ATTACHED TO AND FORMING PART OF THE COMMERCIAL GENERAL LIABILITY FORM**

It is a condition of this Policy of Insurance that the Insured shall take all steps to ensure the following precautions are complied with on each occasion where the Insured is using any oxy-acetylene or electric welding or cutting plant or any blow lamp or blow torch away from the Insured's premises;

- (1) the immediate area in which the operation is to be carried out must be segregated to the greatest practicable extent by the use of screens made of metal and/or fire retardant material,
- (2) the whole of this segregated area must be adequately cleaned and freed from combustible material before operations commence,
- (3) combustible floors/substances in or surrounding this segregated area must be liberally covered with sand or protected by overlapping sheets of incombustible material,
- (4) where work is being carried out in any enclosed area, an additional employee of the Insured or an employee of the occupier shall be present at all times to guard against an outbreak of fire,
- (5) no work should be carried out unless specifically authorized by the occupier, who should also be asked to approve the safety arrangements,
- (6) the following must be kept available for immediate use near the scene of operations;
  - a. suitable fire extinguishers and/or
  - b. hoses connected up in readiness for immediate use and tested prior to the commencement of the work,
- (7) a thorough examination must be made in the vicinity of the work approximately one hour after the termination of each operation. In the event that it is not practicable for such examination to be carried out by the Insured's own employee then appropriate arrangements must be made with the occupier,
- (8) before "burning off" metal work built into or projecting through walls or partitions an examination should be made to confirm that the other end of the metal is not in a hazardous proximity to combustible material which may be ignited by the conduction of heat,
- (9) The Insured also warrants that all approved fire extinguishing equipment will be in good working order and shall always be readily available when welding, cutting, brazing, burning and/or open flame operations are being performed,

It is understood and agreed that failing to meet any one these conditions will render coverage null and void.

The Policy may be deemed to be void and claims may be deemed not covered where:

1. An applicant for a contract:
  - a) gives false or erroneous information to the prejudice of the Insurer, or
  - b) knowingly misrepresents or fails to disclose in the Application any fact required to be stated therein: or
2. The Insured contravenes a term of the Contract or commits a fraud; or
3. The Insured willfully makes a false statement in respect of a claim under the Contract.

Policy Language Request: (applicable to Quebec applicants only):

In connection with this application for insurance coverage, we hereby request and consent that all insurance policy documents be prepared and executed in the English language.

Language de la police d'assurance (pour les résidents du Québec seulement):

Considérant la demande de protection d'assurance, par la présente nous demandons et consentons que tous les documents d'assurance soient préparés et rédigés en anglais.

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### **Our Privacy Policy and Commitment to Protecting Your Privacy**

A.M. Fredericks Underwriting Management Ltd. values you as a customer and we thank you for your confidence in choosing our company to place your insurance with one of our approved insurance companies. As a policyholder, you trust us with your personal information. We respect that trust and want you to be aware of our commitment to protect the information you share with us in the course of doing business with us.

#### **How We Use and Disclose Your Information**

When you purchase insurance from us, you share personal information so that we may provide you with the products and services that best meet your needs and provide the insurance protection you have requested. In order to do this, we may use and disclose your personal information to:

- Communicate with you.
- Assess your application for insurance including underwriting and pricing your policies.
- Evaluate claims.
- Detect and prevent fraud.
- Analyze business results.
- Act as required or authorized by law.

We assume your consent for our company to use this information in an appropriate manner.

All personal information is safeguarded with appropriate security measures.

#### **What We Will NOT Do With Your Information**

We do not sell customer information to anyone. Nor do we share customer information with organizations outside of our associated companies.

#### **We Strive to Protect Your Personal Information**

All employees, agents, independent brokers and suppliers who are granted access to customer records understand the need to keep this information protected and confidential. They know they are to use the information only for the purposes intended. This expectation is clearly communicated and reinforced.

We have also established physical and systems safeguards, along with the proper processes, to protect customer information from unauthorized access or use.

#### **Your Privacy Choices**

You may withdraw your implied consent at any time (subject to legal or contractual obligation and on providing us reasonable notice) by contacting our Privacy Officer. Please be aware that withdrawing your consent may prevent us from providing you with the requested product or service.

**If You Need More Information**

For more information about our privacy policies and procedures, please contact our Privacy Officer, Anthony Fredericks at:

A.M. Fredericks Underwriting Management Ltd.  
201-339 Westney Rd. S.  
Ajax, Ontario  
L1S 7J6  
Tel: 905-428-1269 Ext 109  
Fax: 905-428-3977

Our Insurers' privacy contacts are as follows:

Privacy Officer Temple Insurance Company Munich Re Centre 390 Bay Street, 22 <sup>nd</sup> Floor Toronto, Ontario M5H 2Y2 <b>Tel No: 416-366-9206 or 1-800-444-5321</b> <b>Fax No.: 416-361-1163</b>	Director of Compliance Echelon General Insurance Company 1550 Enterprise Road, Suite 310 Mississauga, Ontario L4W 4P4 <b>Tel No: 905-564-9215 Ext. 7912</b> <b>Fax No: 905-565-7992</b>
Corporate Compliance Officer Kingsway General Insurance Company 5310 Explorer Drive, Suite 200 Mississauga, Ontario L4W 5H8 <b>Tel No: 905-629-7888 Ext. 8843</b> <b>Fax No: 905-629-5008</b>	Privacy Officer The Economical Insurance Group 20 York Mills Road, Suite 500 North York, Ontario M2P 2C2 <b>Tel No: 1-800-265-9996 Ext. 8582</b> <b>Fax No: 416-733-2873</b>
Privacy Officer AXA Insurance (Canada) 5700 Yonge Street, Ste 1400 North York, Ontario M2M 4K2 <b>Tel No: 1-800-268-0008</b> <b>Fax No: 416-218-5715</b>	

Applicant acknowledges receipt of and agrees to the Privacy Disclosure and Consent provisions contained in this form.

*I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND ACCURATE AND APPLY FOR A CONTRACT OF INSURANCE BASED UPON THE TRUTH OF THE STATEMENTS.*

\_\_\_\_\_  
Signature of Applicant or Authorized Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

QUESTIONS TO BE ANSWERED BY BROKER

1. Do you know the Applicant personally? \_\_\_\_\_

If yes, for how long? \_\_\_\_\_

2. Did you receive the order direct from the Applicant? \_\_\_\_\_

If no, from whom and why? \_\_\_\_\_

3. Do you handle other Insurance for Applicant? \_\_\_\_\_

4. Do you recommend this risk in every respect? \_\_\_\_\_

5. Is this risk a renewal to your Office? Yes \_\_\_ No \_\_\_

If yes, how long have you placed insurance on this risk? \_\_\_\_\_

DATE: \_\_\_\_\_

BROKER'S SIGNATURE: \_\_\_\_\_

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