



Chutter Underwriting Services

Welder/Millwright Application

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely. Please do not leave any question unanswered. If the space provided is insufficient please attach details on a separate sheet, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

Name of Applicant.

List all of the companies and operating names to be insured.

Mailing address including postal code of Applicant.

List all temporary, leased and owned locations of Applicant.

Provide a full description of all operations including operations performed, service provided, and products handled.

List the number of years in operation.

List the years of experience of the principals.

Indicate the total Gross Payroll (excluding benefits) forecast for the next 12 months.

Indicate the total number of employees on staff (including principals).

Full time

Part time

Are all employees covered by Workers Compensation? Yes No

If no, state all exceptions.

Please provide your website address.

Does your website accurately reflect your current operations? Yes No

If no, please elaborate.

Provide full details on the total Gross Revenue forecast to be generated during the next 12 months. Split the Gross Revenue by type of operations/sales and destination country (indicate if other than in Canadian currency).

What was your total Gross Revenue for the past 12 months?

Canada USA Foreign

Is there any work committed to sub-contractors or independent contractors? Yes No

Type of work and annual cost?

Are all sub-contractors and independent contractors required to provide evidence of CGL Insurance to the Applicant?

Yes No

If yes, provide the minimum limit.

Are the sub-contractors required to add the Applicant as an Additional Insureds under the sub-contractors CGL Insurance?

Yes No

Has the Applicant been involved in similar operations under a different name(s)? Yes No

If yes, please provide names(s).

Have any insurer declined, cancelled or refused to renew the Applicant's Liability Insurance in the past 3 years?

Yes No

If yes, provide details.

Have there been any liability incidents, claims or losses (whether insured or not) that have occurred during the past 5 years? (if the operation is new or less than 5 years old, we still require a 5 year history based on past experience)

Yes No

If yes, provide all details including the date of loss, type of damage (BI/PD), details of the circumstance and damage/injuries, payments to third parties, expense paid, and if not yet resolved any outstanding reserves. All amounts should shown before an deductible/reimbursement is applied.

If there have been any incidents, claims or losses, please provide commentary on any steps taken to prevent reoccurrence including implemented Lose Prevention techniques.

List the top 3 principal customers/clients and their operations.

List all insured vehicles to be insured through a CGL.

List all watercraft to be insured through the CGL.

Do you own or lease any railcars? Yes No

If yes, provide details such as the # of cars, area travelled and if leased the type of Service Agreement.

Are there any operations or known sales, directly or indirectly, outside of Canada. Yes No

If yes, list the details of the operations or sales including the dollar amount generated and the destination country.

Do you have any USA or Foreign locations? Yes No

If yes, provide details.

Have you completed, as applicable, one of the following Chutter supplements?

Contractors Supplement	Yes	No
Product Supplement	Yes	No
Excess/Umbrella Supplement	Yes	No



Chutter Underwriting Services

WELDING SUPPLEMENT

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely to enable a quotation to be given. Please do not leave any question unanswered. If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

Please type or clearly print your answers to assist Underwriters' consideration of the proposal.

Please provide a brochure, if possible, and any standard contract terms, conditions, agreements, or letters of appointment which you have with your clients.

This proposal form must be completed in ink by a Partner, Principal, or Director of the firm or company. The completion and signature of this proposal does not bind the proposers or underwriters to complete a contract of insurance.

This is a Supplement only. Have you completed the General Liability Application?

Indicate percentage split between welding performed on your premises vs. away from your premises:

On Premises _____%

Off Premises _____%

Do you produce any products? If so, please provide a product list and elaborate on products produced.

Yes No

Do your operations conform to all standard industry practices?

Yes No

Any oil and gas related work? If so, please describe the type of work.

Yes No

Any work on Boilers? If so, for what types of operations?

Yes No

Insured's Qualifications:

- No Ticket
- 1st Class Journeyman
- "B" Pressure
- "A" Pressure
- Apprentice
- Underwater
- Other (Describe)

Please indicate if any work done in relation to the following. And if so, please describe:

- Oil Rigs
- Pipelines
- Flood Lines
- Work on Well Heads
- Refinery
- High Pressure Vessels at Industrial Sites
- Grain Elevators
- Bridges
- Mining
- Railway
- Marine
- Aircraft or Aerospace
- On Heavy Equipment
- Storage Tanks Above Ground. Gallonage? _____
- Storage Tanks Below Ground. Gallonage? _____
- Risks with Flammable Liquids or Vapours
- Risks with Potential Dust Explosives
- Agriculture

Do you primarily work on new projects or repair, maintenance, etc. of existing?

Any Hot Tapping performed?

If Yes, please describe and provide revenue.

Hot Tapping revenue:

BROKER INFORMATION

Name:

Address:

Contact Person:

Email Address:

Phone #:

Fax #:

Is this a current client of your office? Yes No

What is the current renewal date?

Who is the current insurer?

Expiring Premium?

Expiring Limit?

Expiring Deductible

Liability Coverage and Limit required?

Target Premium?

Date

Signature