

INSTRUCTIONS

This application is not intended to restrict or limit a full declaration of all information. All questions must be answered completely. If the space provided is insufficient, attach details on a separate sheet.

SECTION A — APPLICANT DETAILS

NAME OF APPLICANT — LIST ALL COMPANIES AND OPERATING NAMES TO BE INSURED

MAILING ADDRESS (INCLUDING POSTAL CODE) OF APPLICANT

LIST ALL TEMPORARY, LEASED AND OWNED LOCATIONS OF APPLICANT

FULL DESCRIPTION OF ALL OPERATIONS — OPERATIONS PERFORMED, SERVICES PROVIDED, AND PRODUCTS HANDLED

NUMBER OF YEARS IN OPERATION

YEARS OF EXPERIENCE OF THE PRINCIPALS

GROSS PAYROLL — NEXT 12 MO (\$)

EMPLOYEES — FULL TIME (#)

EMPLOYEES — PART TIME (#)

SECTION B — OPERATIONS, REVENUE & PRIOR INSURANCE

Are all employees covered by Workers' Compensation? Yes No

IF NO, STATE ALL EXCEPTIONS

WEBSITE ADDRESS

Does your website accurately reflect your current operations? Yes No

IF NO, PLEASE ELABORATE

GROSS REVENUE

Forecast total gross revenue for next 12 months, split by operation/sales type and destination country.

GROSS REVENUE FORECAST — NEXT 12 MONTHS (SPLIT BY TYPE AND COUNTRY)

TOTAL GROSS REVENUE — 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 / 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 Insured under their CGL insurance? Yes No

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

IF YES, PLEASE PROVIDE NAME(S)

Has any insurer declined, cancelled or refused to renew the applicant's liability insurance in the past 3 years? Yes No

IF YES, PROVIDE DETAILS

SECTION C — CLAIMS HISTORY & ADDITIONAL EXPOSURES

Have there been any liability incidents, claims or losses (whether insured or not) during the past 5 years? Yes No

If yes, provide all details: date of loss, type of damage (BI/PD), circumstances, payments to third parties, expenses paid, outstanding reserves.

CLAIM / LOSS DETAILS

COMMENTARY ON STEPS TAKEN TO PREVENT REOCCURRENCE / LOSS PREVENTION TECHNIQUES IMPLEMENTED

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 (# OF CARS, AREA TRAVELLED, TYPE OF SERVICE AGREEMENT IF LEASED)

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

IF YES, LIST DETAILS INCLUDING DOLLAR AMOUNT GENERATED AND DESTINATION COUNTRY

Do you have any USA or foreign locations? Yes No

IF YES, PROVIDE DETAILS

HAVE YOU COMPLETED, AS APPLICABLE, THE FOLLOWING CHUTTER SUPPLEMENTS?

Contractors Supplement Yes No

Product Supplement Yes No

Excess / Umbrella Supplement Yes No

WELDING SUPPLEMENT

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

Yes No

PERCENTAGE SPLIT BETWEEN WELDING PERFORMED ON / 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

PRODUCT LIST / DESCRIPTION

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

OIL & GAS WORK DESCRIPTION

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

Yes No

BOILER WORK DESCRIPTION

WELDING SUPPLEMENT (continued)

INSURED'S QUALIFICATIONS (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> No Ticket | <input type="checkbox"/> 1st Class Journeyman |
| <input type="checkbox"/> "B" Pressure | <input type="checkbox"/> "A" Pressure |
| <input type="checkbox"/> Apprentice | <input type="checkbox"/> Underwater |
| <input type="checkbox"/> Other (describe below) | |

IF 'OTHER', DESCRIBE QUALIFICATION

WORK DONE IN RELATION TO THE FOLLOWING (CHECK ALL THAT APPLY — DESCRIBE IN NOTES)

- | | |
|---|--|
| <input type="checkbox"/> Oil Rigs | <input type="checkbox"/> Pipelines |
| <input type="checkbox"/> Flood Lines | <input type="checkbox"/> Work on Well Heads |
| <input type="checkbox"/> Refinery | <input type="checkbox"/> High Pressure Vessels at Industrial Sites |
| <input type="checkbox"/> Grain Elevators | <input type="checkbox"/> Bridges |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Railway |
| <input type="checkbox"/> Marine | <input type="checkbox"/> Aircraft or Aerospace |
| <input type="checkbox"/> On Heavy Equipment | <input type="checkbox"/> Storage Tanks Above Ground |
| <input type="checkbox"/> Storage Tanks Below Ground | <input type="checkbox"/> Risks with Flammable Liquids or Vapours |
| <input type="checkbox"/> Risks with Potential Dust Explosives | <input type="checkbox"/> Agriculture |

STORAGE TANKS ABOVE GROUND — GALLONAGE

STORAGE TANKS BELOW GROUND — GALLONAGE

DESCRIBE WORK FOR ANY CHECKED ITEMS ABOVE

DO YOU PRIMARILY WORK ON NEW PROJECTS OR REPAIR / MAINTENANCE OF EXISTING?

Any hot tapping performed?

- Yes No

IF YES, DESCRIBE

HOT TAPPING REVENUE (\$)

BROKER INFORMATION

BROKER NAME

CONTACT PERSON

ADDRESS

EMAIL ADDRESS

PHONE #

FAX #

Is this a current client of your office?

Yes No

CURRENT RENEWAL DATE

CURRENT INSURER

EXPIRING PREMIUM (\$)

EXPIRING LIMIT (\$)

EXPIRING DEDUCTIBLE (\$)

TARGET PREMIUM (\$)

LIABILITY COVERAGE AND LIMIT REQUIRED

SIGNATURE

DATE