

Welding Questionnaire

Complete for the Insured and all employees involved in welding.

1. Insured's qualifications

Date of birth: _____

- | | | |
|---|-----------------------|-------------------|
| <input type="checkbox"/> No Ticket | Effective date: _____ | |
| <input type="checkbox"/> 1 st Class Journeyman | Expiry date: _____ | Heavy Wall: _____ |
| <input type="checkbox"/> "B" Pressure | Effective date: _____ | |
| <input type="checkbox"/> "A" Pressure | TIG: _____ | MIG: _____ |
| <input type="checkbox"/> Other | Year: _____ | |
| <input type="checkbox"/> Apprentice | | |
| <input type="checkbox"/> Underwater | | |

2. Years in business or years of experience.

Insured: _____ Employees: _____

3. General Welding.

In Shop: _____ %	Oilfield Welding (In Shop): _____ %
Off Premises: _____ %	Oilfield Welding (Off Premises): _____ %
<input type="checkbox"/> Oil Rigs	<input type="checkbox"/> Pipelines
<input type="checkbox"/> Flow Lines	<input type="checkbox"/> Compressor Stations
<input type="checkbox"/> Refinery	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Other: _____	

4. Area of Operation: _____

5. Does the Insured do any Hot Tapping? Yes No

6. If shop operation, type of goods manufactured or repaired:

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Tanks | <input type="checkbox"/> Pump Jacks | <input type="checkbox"/> Ornamental Iron |
| <input type="checkbox"/> Truck Bodies | <input type="checkbox"/> Texas Gates | |
| <input type="checkbox"/> Other | | |

7. Claims history: _____

8. Previous Insurer: _____

9. Gross Receipts: Previous Year: _____
Coming Year: _____

Applicant's Signature and Title

Date