

WELDING QUESTIONNAIRE

Complete for the Insured and all employees involved in welding.

1. Insured's qualifications

Date of birth: _____

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