

WELDING OPERATIONS SUPPLEMENT

Forming Part of the General Liability Application

swgspecialty.com · quotes@swgspecialty.com · +1 888-302-9215 · Fax: 905-428-3977



DATE:

D	D	M	M	Y	Y
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Name of Applicant _____

Experience Breakdown

	Number of years working the following tickets	% of work performed from column one	Number of employees each with the following tickets	% of work that employees perform from column one
Journeyman				
B Pressure				
A Pressure				

Overall, what percentage of welding is done: In your shop

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 Percent On Customer's Premises

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 Percent

Do completed or planned operations include any of the following:

- | | | | |
|-----------------|--|----------------------------------|--|
| Hot tap welding | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tank repairs | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oilfield work | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vehicle repairs or modifications | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Rigging | <input type="checkbox"/> Yes <input type="checkbox"/> No | Underground vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Underwater | <input type="checkbox"/> Yes <input type="checkbox"/> No | Blinding/purging vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demolition | <input type="checkbox"/> Yes <input type="checkbox"/> No | Raising or moving of structures | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Describe the above operations and all other operations pertinent to your job:

If additional space is needed to answer any questions, please use the blank page included with this form on page 3.

Total Gross Receipts last year:

--	--	--	--	--	--	--	--

 Dollar value

Estimated Gross Receipts for this year:

--	--	--	--	--	--	--	--

 Dollar value

Do you own your own shop? Yes No

If Yes, what do you fabricate?

Please answer the following:

- | | |
|---|--|
| Employees are provided with, and required to use, appropriate safety equipment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire extinguisher is within 25ft of welding operation at all times? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All flammables are removed from welding area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All burning is done in well ventilated areas or with use of respirators? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is welding ever done on containers which have held flammables? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas cylinders stored in upright position and secured to wall or holding rack? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is welding ever done within 200ft of degreasing operations or open solvent containers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire watch is maintained or final check made at least on half hour after completion of welding? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| All oxygen and acetylene gauges in working order? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mechanical lighters always used for lighting torches? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hoses stored so as not to be damaged by moving equipment or cause tripping hazard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Protection provided to prevent slag from falling on workers or public below from overhead jobs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Additional Information related to Application

A large, empty rectangular box with rounded corners, intended for providing additional information related to the application.

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

**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 of these conditions will render coverage null and void.

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.

Print Name and Title

DATE:

D	D	M	M	Y	Y
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Signature of Applicant or Authorized Representative