

RAMSGATE MANAGING INSURANCE

****USE IN CONJUNCTION WITH GENERAL LIABILITY APPLICATION****

1. NUMBER OF YEARS EXPERIENCE AS A WELDER? LIST ANY CERTIFIED TRAINING COURSES, ETC. _____
2. ANY OFFSHORE OR WET OPERATIONS? IF YES, WHO IS RESPONSIBLE FOR TRANSPORTATION TO JOBSITE? _____
3. WHAT TYPE OF WELDING; ACETYLENE, HYDROGEN, ELECTRIC OR ARC WELDING? (CARBON OR METAL ELECTRODES?) _____
4. ANY WELDING ON PIPELINES OR CONTAINERS WHICH HAVE PREVIOUSLY, OR STILL CARRY ANY FLAMMABLE LIQUIDS OR GAS? _____
5. WHO IS RESPONSIBLE FOR CLOSING VALVES AND BLEEDING PIPELINES OR TESTING OF CONTAINERS TO MAKE SURE THEY ARE SAFE FOR WELDING OPERATIONS? _____ ANY WELDING ON LIVE LINES? _____ IF SO, WHO SHUTS DOWN GAS LINES? _____
6. WHAT IS THE PERCENTAGE OF NON-OILFIELD WELDING OPERATIONS? _____
7. IF THEY HAVE OTHER THAN OILFIELD WELDING OPERATIONS, EXPLAIN WHAT ELSE THEY DO? _____
8. ANY WELDING OVER-THE-HOLE? _____
9. ANY WELDING IN REFINERIES? _____
10. ANY WELDING ON TRAILER HITCHES? _____ ANY WELDING ON FARM IMPLEMENTATION EQUIPMENT? _____ IF SO, WHAT TYPES?

11. LIST OF COMPANIES FOR WHICH YOU OPERATE UNDER CONTRACT OR AGREEMENT?

12. LIST ANY CLAIMS PREVIOUSLY MADE UNDER ANY PRODUCT LIABILITY AGAINST YOU. _____
13. ANY GRAIN ELEVATOR WELDING? _____
14. ANY WELDING ON AUTOMOBILE FRAMES? _____
15. ANY PIPE THREADING OR STRAIGHTENING? _____
16. ANY FABRICATING OR RECONDITIONING OF EQUIPMENT? _____
17. EMPLOYEE PAYROLL \$ _____ NUMBER OF EMPLOYEES _____
NUMBER OF ACTIVE OWNERS _____ GROSS RECEIPTS _____

SIGNATURE OF APPLICANT

DATE