

## WELDING, METAL WORK SUPPLEMENT

1. Describe welding activities:

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2. Welding type:

- Acetylene  
 Electrical

Torch

Others: \_\_\_\_\_

3. Does the applicant perform any welding operations away from his premises?

Yes  No

If Yes, give details:

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4. Mention if the operations are executed in these places?

If Yes, please explain.

<b>Rafineries</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Oil plants</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Airports</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Port facility</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Mines</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Sawmills</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. What specialized training do you possess?

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6. What training do you require your employees to have?

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7. Describe your procedure of quality control:

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8. During the job execution outside your workshop, do you always respect the following conditions:

Transportable combustible materials are removed?

Yes  No

Combustible floors are covered with metal or kept humid?

Yes  No

Containers, reservoirs, barrels containing or having contained combustible, inflammable, or explosive materials are cleaned and cleared of residues before work is performed on them?

Yes  No

Clothes, screens or protectives shields of metal or asbestos are used to prevent hot metal and sparks from falling on the combustible property which can't be moved?

Yes  No

We can find at all times, appropriate portable fire extinguishers or fire hoses ready to be used?

Yes  No

For all contracts, there is an authorized person who can effectively use the firefighting equipment described in the previous question and whose only task is the surveillance of sparks and who will remain on the premises during every job and will stay an hour after the work have ended?

Yes  No

At the end of every job, a complete verification is made in order to discover any fire, which can smolder in hidden recesses and hidden places?

Yes  No



## DECLARATION AND SIGNATURE

By signing, I consent to Revau collecting, using and disclosing my personal information (including, where applicable, financial and/or credit information) for the analysis and management of my insurance application, including disclosure to authorized third parties (insurers, reinsurers and service providers). I acknowledge that my personal information may be processed or stored outside my province or outside Canada and that I may exercise my rights of access, correction and withdrawal of consent, subject to applicable obligations.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com).