

# ORYX Contractor's Casualty Supplemental Application

Applicant: \_\_\_\_\_ Yrs in business: \_\_\_\_\_  
 Prior business names: \_\_\_\_\_  
 Website address if any: \_\_\_\_\_

**Detailed Description of Entire Scope of Operation:**

**Allocate % of your work that is:**

New: \_\_\_\_\_ vs. + Remodeling: \_\_\_\_\_ (=100%)  
 Commercial: \_\_\_\_\_ vs. + Residential: \_\_\_\_\_ (=100%)

Total	2022 Est.	2021-2022	2020-2021	2019-2020	2018-2019
Gross Receipts					
Subcontract Costs					
Payroll					

Please explain if the type of work you perform has changed in the past year. \_\_\_\_\_

Is your work year round or seasonal? \_\_\_\_\_ If seasonal indicate normal inactive period: \_\_\_\_\_  
 Current number of permanent employees: \_\_\_\_\_ Temp/Seasonal: \_\_\_\_\_  
 Number of full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
 % of employees employed by you for 3+ years: \_\_\_\_\_  
 Do you use a Temp Agency or Labor Leasing Firm? \_\_\_\_\_ **Participate in a welfare benefit plan (in addition to payroll)?** \_\_\_\_\_  
 Do you require a completed employment application?  No  Yes \_\_\_\_\_  
 Do you check references?  No  Yes \_\_\_\_\_  
 Is drug/alcohol screening performed?  No  Yes \_\_\_\_\_

**Indicate any work done by you or for you in any of the following areas in the past year or anticipated in the next. If Yes provide details and indicate direct or subbed and % receipts for each:**

	No	Yes	% Direct	% Subbed
Working with asbestos/lead				
Blasting				
Burglar alarm or security systems				
EFIS				
Environmental remediation				
High Pressure Boiler Work (above 15 PSI)				
Mold remediation				
Fire Alarm Systems				
Tree Trimming				
Sprinkler Systems				
Work in NYC or Center City Philadelphia				
Steel Erection				
Bridge Construction or Painting				
Aircraft operations				
Mobile Crane Operation				
Roofing				
Tower or Utility pole work				
Supervisory only				
Hillside, terrace, landfill, or subsidence builds				

What percentage of work is over 2 Stories? \_\_\_\_\_ %  
 Is scaffolding Used?  No  Yes  
 If Yes, do you own or rent the scaffolding?  Own  Rent  
 Who erects the scaffolding? \_\_\_\_\_  
 Is scaffolding inspected daily?  No  Yes  
**If you own, rent or erect scaffolding:**  
 are others allowed to access scaffolding once erected?  No  Yes

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**IF Excavation is performed:**

Indicate typical & maximum depth \_\_\_\_\_

What type of shoring is used? \_\_\_\_\_

Are excavations marked & secured when not active?  No  Yes

Are utilities staked before the start of every dig?  No  Yes

N/A

**IF you perform snow removal for others:**

Indicate total payroll and % by: \_\_\_\_\_

\*Attach a list of all snow removal customers\* \_\_\_\_\_

N/A

Total payroll: \$ \_\_\_\_\_

Residential % \_\_\_\_\_

Commercial % \_\_\_\_\_

**IF you subcontract operations to others do you:**

require them to sign a subcontract agreement?  No  Yes

require them to name you and the owner as additional insured?  No  Yes

require them to carry limits equal to yours?  No  Yes

receive, verify and retain certificates of insurance?  No  Yes

N/A

**IF YES ATTACH COPY OF RECENT  
EXECUTED CONTRACT WITH  
SUPPORTING CERTIFICATES**

**IF perform residential work:**

Indicate the # of homes you will work on this year Indicate \_\_\_\_\_ New \_\_\_\_\_ Existing

the average completed value of each new home \$ \_\_\_\_\_

Do you work on tract home development?  No  Yes

Do you work on condominium projects?  No  Yes

Are homes built on same street or subdivision?  No  Yes

N/A

Is your company aware of any facts, circumstances, incidents, situations, damages, or accidents (including but not limited to faulty workmanship, product failure, construction dispute, property damage, or construction worker injury) that reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  No  Yes

If yes, explain: \_\_\_\_\_

**Fraud Statement:**

Any person who includes false or misleading information on an application for an insurance policy commits a fraudulent insurance act and may be subject to criminal and civil penalties.

**NY Fraud Statement:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

\_\_\_\_\_  
Applicant's Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Submitting Producer/Agency

\_\_\_\_\_  
Date

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