

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	2025 Est.	2024-2025	2023-2024	2022-2023	2021-2022
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: _____

Maximum # of employees on a jobsite: _____ Average # of employees on a jobsite: _____

Do you use vehicles for group transportation of 4 or more employees? _____ If yes, please explain: _____

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:

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

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? _____

Are utilities staked before the start of every dig? _____

☐ N/A

☐ No

☐ Yes

☐ No

☐ Yes

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:

Always require a signed subcontract agreement prior to site entry? _____

Does the contract require, to the fullest extent permitted by law, indemnity for owner, you, and agents? _____

Does the contract always require sub to name you, owner, and agents as AI for GL & BA? _____

Does the contract require GL, BA & UMB limits at least equal to yours? _____

Always receive COI and review, confirm supports contract? _____

Name of person performing the contract/COI compliance review _____

☐ N/A

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

Retain with copy of executed subcontract? _____

Provide copy of a recent executed subcontract agreement with COI evidencing above responses.

IF you perform residential work:

Indicate the # of homes you will work on this year _____

Indicate the average completed value of each new home _____

Do you work on tract home development? _____

Do you work on condominium projects? _____

Are homes built on same street or subdivision? _____

☐ N/A

\$ _____ New _____ Existing

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

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 _____

Oryx Insurance Brokerage Incorporated

2 Court Street
Binghamton, NY 13901

Phone 607.724.0173
Fax 607.724.7266