

ORYX INSURANCE BROKERAGE - Contractor's General Liability Supplemental Application

Applicant: _____

Prior business names: _____

Website address if any: _____

Allocate % of your work that is:

New: _____ vs. Remodeling: _____ (=100%)

Commercial: _____ vs. Residential: _____ (=100%)

Total	Estimated	2006-2007	2005-2006	2004-2005
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 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 year.

If Yes indicate direct or subbed and % receipts for each:

				% Direct	% Subbed
Working with asbestos	<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			
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 Excavation is performed: N/A

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

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IF you perform snow removal for others:

Indicate total payroll and % by:

N/A
 Total payroll: \$ _____
 Residential % _____
 Commercial % _____

IF you subcontract operations to others do you:

require them to sign a subcontract agreement?
 require them to name you as additional insured?
 require them to carry limits equal to yours?
 receive, verify and retain certificates of insurance?

N/A
 No Yes
 No Yes
 No Yes
 No Yes

IF you are a home builder:

Indicate the # of homes you will work on this year
 Indicate the average completed value of each home
 Do you work on tract home development?
 Are homes built on same street or subdivision?

N/A

 \$ _____
 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

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