TREAN CORPORATION

Agriculture Supplemental

Named Insured: _____

Website: _____

Detailed Description of Operations: _____

Hours of Operation: _____

Driving Mileage % of Each:	☐ <50	☐ 50-100	☐ 100+	☐ N/A
Hauling of Product Mileage % of Each:	☐ <50	☐ 50-100	☐ 100+	☐ N/A
Group Transportation:	☐ No	☐ Yes	**If yes, # of Employees:**	☐ #
Group Transportation Radius % of each:	☐ < 10 Miles	☐ 10-20 Miles	☐ 20-30 Miles	☐ 30+ Miles
Status of Drivers:	☐ Migrant Workers	☐ Domestic	**Other, please describe:**	
Any Group Transportation between States:	☐ No	☐ Yes	**If yes, frequency:**	
Are Vehicles Company Owned:	☐ No	☐ Yes	☐ N/A	
Vehicle Maintenance Program:	☐ In-House	☐ Outside Vendor	☐ No	
Distracted Driving policy in place:	☐ No	☐ Yes	☐ N/A	
Drivers Training:	☐ No	☐ Yes	☐ N/A	
Overnight Travel by Employees:	☐ No	☐ Yes	**If yes, frequency:**	
Employees (# of Each):	☐ Domestic Full Time	☐ Domestic Part Time	☐ Seasonal	☐ H2A
How are Employees Paid:	☐ Hourly	☐ Commission	☐ Salary **Other:**	
Benefits Offered (check all that apply):	☐ Paid Sick Time	☐ Paid Vacation	☐ 401k	☐ Retirement
Group Health Coverage:	☐ Yes	☐ No	**If yes,% paid by employer:**	☐ %
Housing Provided to Employees?	☐ Yes	☐ No		
Describe the Housing Conditions:				
What is the Alcohol/Drug Policy for Housing:	☐ Prohibited	☐ Partially Prohibited	☐ No Policy in Place	☐ N/A
Is it the same on the weekends?	☐ Yes	☐ No	☐ N/A	
Pre Hire (check all that apply):	☐ Written Application ☐ Pre-Hire Drug Testing ☐ Pre-Hire MVR Checks	☐ Reference Checks ☐ Random Drug Testing ☐ Annual MVR Checks	☐ Physicals ☐ Post Accident Drug Testing ☐ Criminal Background Checks	
	Other, please list:			
Return-To-Work/Light Duty Available:	☐ Formal/Written	☐ Informal/Verbal	☐ None	
Subcontractors Used:	☐ No	☐ Yes	**If yes, what % of payroll**	☐ %
Are COIs Obtained for Subs:	☐ Yes	☐ No	☐ N/A	
Day Laborers or Employee Leasing:	☐ Yes	☐ No		
Safety Program in Place:	☐ Formal/Written	☐ Informal/Verbal	☐ None	
Safety Training:	☐ Yes, Documented	☐ Yes, Verbal	☐ None	
Safety Meetings:	☐ Yes	☐ No		
If yes, frequency:	☐ Weekly	☐ Monthly	☐ Quarterly	☐ Annually
Lifting Exposures:	☐ <25lbs	☐ 25-40lbs	☐ 40+lbs	☐ N/A
Lifting Controls:	☐ Proper Lifting Training	☐ Mechanical Devices	☐ 2 Man Lift	☐ N/A
Heat Exhaustion Controls:	☐ Drinking Water Provided ☐ Covered Rest Areas	☐ Air Conditioned/ Fanned Rest Areas ☐ None	☐ Intermittent Rest Breaks **Other, please describe:**	☐ Drinking Water Stations
Machinery Guarded & Maintained:	☐ Yes	☐ No	☐ N/A	
MSDS Program in Place:	☐ Yes	☐ No	☐ N/A	
Lockout/Tagout:	☐ Yes	☐ No	☐ N/A	
Forklifts Used:	☐ No	☐ Yes	☐ **Check Box if Operators Are Annually Certified**	
Maximum Depth in Feet:	☐ 0-3 Feet	☐ 4-7 Feet	☐ 8 Feet and Below	☐ N/A
Maximum Height in Feet:	☐ 0-6 Feet	☐ 7-15 Feet	☐ 15 Feet and Above	☐ N/A
If heights, what is used:	☐ Scissor Lift	☐ Scaffolding	☐ Bucket Truck	☐ Ladder
	Other, please describe:			
Provide details regarding what the insured has implemented to keep employees safe in response to COVID19:				
List all Personal Protective Equipment:	☐ Gloves ☐ Goggles ☐ Hard Hats	☐ Back Belts ☐ Non-Slip Shoes	☐ Protective Clothing ☐ Steel Toed Boots	☐ Ear Plugs ☐ Masks
		Other, please list:		
Required Additional Documents:	☐ Copy of Contract Used with Farms/Growers (if applicable) ☐ Farm Location Schedule (template provided) ☐ Vehicle/Equipment Schedule ☐ Drivers Schedule ☐ Copy of EE Handbook & Safety Manual ☐ Current MVR Report w/ Explanation for Violations (upon binding)			

Affirmation

The undersigned acknowledges and understands the information provided herein will be used to evaluate the applicant and a decision as to whether the applied to insurance company will offer workers' compensation insurance will be made, in part, based on the information provided. Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a principle, owner or partner of the entity applying for insurance.

Owner/Officer Signature: _____ **Date:** _____