TREAN CORPORATION

Driving Risk Supplemental

Named Insured: _____

Website: _____

Detailed Description of Operations: _____

Hours of Operation: _____

Driving or Delivery Mileage **%** of Each:	☐ 0-50	☐ 51-100	☐ 101-300	☐ 300+
Group Transportation:	☐ No	☐ Yes	**If yes, # of Employees:**	☐ #
Are Vehicles Company Owned:	☐ No	☐ Yes	☐ N/A	
Number of Power Units:	☐ Cars	☐ Wrecker	☐ Refrigerated Trailer	
	☐ Vans	☐ Straight Truck	☐ Trail Lift Truck	
	☐ City Bus	☐ Semi-Tralier Truck	☐ Cabover	
	☐ Taxicab	☐ Jumbo Trailer Truck	☐ Ambulatory Transportation	
	☐ School Bus	☐ Dump Trucks	☐ Strecher Transportation	
	☐ Limo	☐ Flat Beds	☐ Wheelchair Conversion Vans	
	Other, Please Describe:			
Vehicle Maintenance Program:	☐ In-House	☐ Outside Vendor	☐ No	
Goods/Public Transported:	**Please Describe:**			
Driver Specific Hiring Practices:	☐ Interview	☐ MVR Check	☐ Written Test	☐ Drug Test
	☐ Road Test	☐ Application	☐ FMCSA Pre-Screening	☐ References
	☐ Criminal Background Checks	**Other, Please Describe:**		
Distracted Driving policy in place:	☐ Yes	☐ **No, Please Provide Why:**		
Drivers Training:	☐ Yes	☐ **No, Please Provide Why:**		
All Drivers Between the Age of 25-65:	☐ No	☐ Yes	☐ # Over 65	
Overnight Travel by Employees:	☐ No	☐ Yes	**If yes, frequency:**	
Any Employees Have the following Violations?	☐ N/A	☐ Manslaughter	☐ Refusal of Breathalyzer Test	
	☐ Criminal Convictions	☐ Hit and Run	☐ Open Contaner/alcohol to minors	
	☐ Negligent Homicide	☐ Reckless Driving	☐ Suspended or Revoked License	
	☐ DUI	☐ 2 or more "at-fault" accidents or moving violations in the past year		
	☐ Speeding over 25mph	☐ 3 or more "at-fault" accidents or moving violations in the past 3 years		
	If Yes, Please Explain:			
Details Regarding Loading/Unloading Assistance:	☐ Mechanical Lifts	☐ Dolly	☐ Wheelchair Platform Lifts	
	☐ 2 Person Lift	☐ Forklift	☐ Hand Trucks	
	☐ Platform Lifts	**Other, Please Describe:**		
Average Distance Driven Per Day:	☐ Minimum	☐ Maximum	☐ N/A	
Average # of Clients Per Day:	☐ Minimum	☐ Maximum	☐ N/A	
Employees (# of Each):	☐ Full Time	☐ Part Time	☐ Seasonal	☐ Volunteers
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:**	☐ **%**
Pre Hire (check all that apply):	☐ Written Application	☐ Reference Checks	☐ Physicals	
	☐ Pre-Hire Drug Testing	☐ Random Drug Testing	☐ Post Accident Drug Testing	
	☐ Pre-Hire MVR Checks	☐ Annual MVR Checks	☐ Criminal Background Checks	
	Other, please list:			
Return-To-Work/Light Duty Available:	☐ Formal/Written	☐ Informal/Verbal	☐ None	
Subcontractors Used:	☐ Yes	☐ No	**If yes, what % of payroll:**	☐ %
Are COIs Obtained for Subs:	☐ Yes	☐ No	☐ N/A	

Employee Average Annual Turnover:	☐ %			
Day Laborers or Employee Leasing:	☐ No	☐ Yes		
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
	Other, please describe:			
List all Personal Protective Equipment:	☐ Gloves	☐ Back Belts	☐ Protective Clothing	☐ Ear Plugs
	☐ Goggles	☐ Non-Slip Shoes	☐ Steel Toed Boots	☐ Masks
	☐ Hard Hats	**Other, please list:**		
Provide details regarding what the insured has implemented to keep employees safe in response to COVID19:				
COVID Vaccine Required for all EE's with Exposure to the Public:	☐ Yes	☐ No	**Other:**	
Required Additional Documents:	☐ Schedule: Driver List with Details			

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:** _____