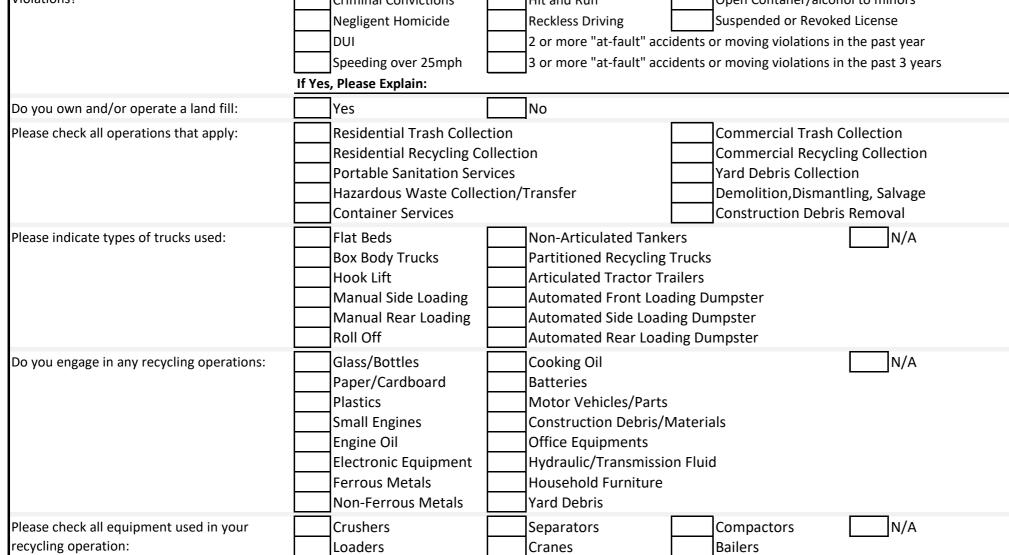
TREAN CORPORATION												
Waste Management & Recycling Supplemental												
Named Insured:												
Website:												
Detailed Description of Operations:												
Hours of Operation:												
Employees (# of Each):	Full Time		Part Time		Seasonal		Volunteers					
How are Employees 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 Other, please list:	Pre-Hire MVR Checks Annual MVR Checks Criminal Background Checks										
Return-To-Work/Light Duty Available:	Formal/Written		Informal/Verbal		None							
Employee Average Annual Turnover:	%		, ,									
Subcontractors Used:	No		Yes	If ves.	what % of payroll		%					
Are COIs Obtained for Subs:	Yes		No	.,,	N/A		/					
Day Laborers or Employee Leasing:	Yes		No	L								
Safety Program in Place:	Formal/Written		Informal/Verbal		None							
Safety Training:	Yes, Documented		Yes, Verbal		None							
Safety Meetings:	Yes		No	L	None							
If yes, frequency:	Weekly		Monthly		Quarterly	r	Annually					
Lifting Exposures:	<25lbs		25-40lbs		40+lbs		N/A					
Machinery Guarded & Maintained:	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:	L		L	bucket frack	L						
List all Personal Protective Equipment:	Gloves		Back Belts		Protective Clothing	<u> </u>	Ear Plugs					
List all Personal Protective Equipment.	Goggles		Non-Slip Shoes		Steel Toed Boots		Masks					
	Hard Hats											
Driving or Delivery Mileage % of Each:	<50		50-100		100+		N/A					
Group Transportation:	No		Yes	If yes,	# of Employees:		#					
Are Vehicles Company Owned:	No		Yes	··· , ·]N/A	I	1					
Vehicle Maintenance Program:	In-House		Outside Vendor		No							
Distracted Driving policy in place:	No		Yes] N/A							
Drivers Training:	No		Yes		N/A							
CDL's Required:	Yes		No]N/A							
If Out of State Travel, List States:			1	L								
Overnight Travel by Employees:	No		Yes	If ves	frequency:							
Any Employees Have the following	N/A		Manslaughter	ii yes,	Refusal of Breathalyzer Test							
Violations?	Criminal Convictions		Hit and Run		Open Contaner/alcohol to minors							



[Shippers/Shredders		Shears		Incinerator/Furnace				
		Excavators		Shredders		Sifters				
		Forklifts		Bulldozers		Conveyors				
		Wire Stripper		Choppers		Cutting Torch				
Do you allow employees to ride on the outside of your vehicle?		Yes		No						
Any employees performing manual sorting (hand sorting)?		Yes		Νο						
Please Provide a Complete List of Owned or Leased Vehicles										
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:							