

Wage & Hour Coverage Supplemental Application for:
General

A. Name of Applicant: _____

1. Please list the job titles and a brief description of their responsibilities for all salaried (exempt) personnel: _____

2. Do all salaried (exempt) management personnel, as part of their primary duties:

a. have direct management control over at least 2 employees? Yes No

b. have authority to hire and fire or to make recommendations on hiring or firing? Yes No

c. spend more than 50% of their time supervising employees? Yes No

3. Are all administrative staff members, other than the manager of the administration department, paid on an hourly (non-exempt) basis? Yes No

4. Are all employees paid at least minimum wage, including those with the expectation that the difference would be made up in gratuities? Yes No

5. Are all tip sharing / tip pooling arrangements made for the benefit of only those staff who would customarily and regularly receive tips in the course of their normal duties? Yes No

6. Do all outside sales personnel get paid on a commission or partial commission basis? Yes No

7. Does the Applicant utilize an electronic time-keeping system? Yes No

If NO, please provide details as to how the Applicant keeps track of an employee's time record then answer questions 6(a-c) with respect to **all** time-keeping systems:

a. If an hourly (non-exempt) employee clocks in before their shift starts or before their rest or meal period ends, are they paid for this time? Yes No

b. Who is able to amend an employee's time records on the system? _____

c. If an employee's time records are amended, is the employee required to initial or sign off on the change? Yes No

8. Are all hourly (non-exempt) employees paid for the time that they are required to be on-call or stand-by to the extent that they are restricted from doing their normal activities (i.e. must stay within a 3 mile radius of their working location)? Yes No

9. If an employee works more than 40 hours in any one work-week, are they paid overtime in lieu of being offered reduced hours during any subsequent work-week? Yes No

10. Are all independent contractors considered as hourly (non-exempt) employees? Yes No

If NO, do independent contractors;

- a. work under the direct supervision and control of the applicant's employees? Yes No
 - b. use equipment supplied by the applicant? Yes No
 - c. receive company benefits? Yes No
 - d. wear a company uniform? Yes No
 - e. have a mandate to attend company meetings? Yes No
11. For applicants with more than one location, do you have policies and procedures in place to properly track hourly (non-exempt) employees working at multiple owned-operated locations, to make certain that proper overtime wages are being paid no matter which location they are working? If you own/operate no more than one (1) location, check "N/A".
 Yes No N/A
12. Are all hourly (non-exempt) employees paid for the time that they are required to be on an applicant's premises (e.g. putting on or removing uniforms, or setting up equipment, etc.) or travelling at the applicant's direction? Yes No
13. Does the applicant retain payroll records for the last four years? Yes No
14. Are final paychecks provided to terminated employees on the day that they are terminated, either in person or by recorded mail? Yes No
15. Have any of the following been made against the applicant or any entity or person proposed for this insurance for the past five (5) years, alleging violation of or investigating compliance with any wage and hour and/or overtime law, including but not limited to Fair Labor Standards Act or the California Labor Code?: losses, lawsuits, hearings, demands, administrative proceedings, including audits, investigations, or review by the Department of Labor or similar state agencies including but not limited to the California Department of Industrial Relations?
If yes, please provide complete details in attachment. Yes No

The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The information contained in and submitted with this Application is on file with the Insurers. All such applications, attachments, information and materials are deemed attached to and incorporated into the Policy regardless of whether this material is provided directly or indirectly to the Insurers. The Insurers will have relied on this Application, the attachments, information and materials in issuing any policy.

The Applicant on behalf of all proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, the Applicant will immediately notify the Insurers in writing of such change. Signing of this application does not bind the Insurers to offer, not the Applicant to accept, insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

Date	Signature of Applicant's Authorized Principal, Partner, Officer or Human Resources Representative	Title
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PLEASE ENSURE THAT THE APPLICANT HAS PROVIDED ANY ADDITIONAL INFORMATION REQUESTED IN QUESTIONS 1, 7 & 15.