

Wage and Hour Coverage Supplemental Application

Only complete this form if the Applicant does not anticipate in the next 12 months, or transacted in the last 12 months, any lay-off, reduction-in-force, closure of a plant, facility branch, or office, consolidation, or any similar event.

1. Name of Applicant: _____

2. Is the Applicant in compliance with state and federal laws involving wage and hour practices, including classification of exempt/non-exempt employees, calculation of overtime, Yes No commissions and meal and rest break periods?

3. Applicant's wage and hour practices:
 - a. Do employees take the required meal and rest breaks during work periods? Yes No
 - b. Does the Applicant retain payroll records of all employees for three (3) years or longer? Yes No
 - c. Does the Applicant track and pay overtime in compliance with state and federal laws involving wage and hour practices? Yes No

4. Do all exempt management personnel, as part of their primary duties:
 - a. have direct management control over at least two (2) employees? Yes No
 - b. have authority to hire and fire or to make recommendations on hiring and firing? Yes No
 - c. spend greater than 50% of their time supervising employees? Yes No

5. Within the last three (3) years, has the Applicant had any claim for any violation of wage and hour laws including, but not limited to, claims related to meal periods, rest periods or unpaid overtime? Yes No
If "Yes", please complete the Supplemental Claim/Wrongful Act/Incident Form for each event.

6. Does any manager, supervisor, shareholder, partner or owner proposed for this insurance, have knowledge of a potential violation of any wage and hour law that could result in a claim for any violation of wage and hour laws including, but not limited to, claims related to meal periods, rest periods or unpaid overtime? Yes No
If "Yes", please complete the Supplemental Claim/Wrongful Act/Incident Form for each event.

I understand that the information submitted herein becomes a part of my Application, and in the event that coverage is bound, is subject to the same warranty and conditions.

Authorized Signature (Must be signed by an Executive): _____

Printed Name of Signor: _____ Date: _____