



EMPLOYMENT PRACTICES LIABILITY INSURANCE Wage & Hour Coverage Supplemental Application for: Law Firms

A. Name of Applicant: _____

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

2. Are all administrative employees paid on an hourly (non-exempt) basis? Yes No

If NO, please provide a job description for any administrative employee classified as 'exempt' in attachment to this application.

3. Are all paralegals paid on an hourly (non-exempt) basis? Yes No

If NO, are they paid overtime for all hours worked in excess of 40hrs per week? Yes No

4. Are all employees classified as 'exempt' making at least \$455 per week? Yes No

5. 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 payroll & time record then answer questions 7(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

6. If an employee works more than 40 hours in any one work-week, are they offered reduced hours during any other work-week in lieu of overtime pay? Yes No

7. Are all independent contractors considered as hourly (non-exempt) employees?
If NO, do independent contractors; Yes No N/A

a. work under the direct supervision and control of the applicant's employees? Yes No

b. use equipment or resources supplied by the applicant? Yes No

c. receive company benefits? Yes No

d. have a mandate to attend company meetings? Yes No

Five Star Specialty Programs

A DIVISION OF CRUMP INSURANCE SERVICES, INC.



8. 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 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
9. Are all hourly (non-exempt) employees paid for the time that they are required to be on an applicant's premises or travelling at the applicant's direction? Yes No
10. Does the applicant retain payroll & time records for the last four years? Yes No
11. Are final paychecks provided to terminated employees on the day that they are terminated? If 'NO', when are they provided? _____

12. 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. It is agreed that in the event material information has been omitted, suppressed, or misstated, the Insurer shall have the right to exclude from coverage any claim based upon, arising out of, or in any way involving such omission, suppression, or misstatement.

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

PLEASE ENSURE THAT THE APPLICANT HAS PROVIDED ANY ADDITIONAL INFORMATION REQUESTED IN QUESTIONS 1, 5, 11 & 12.