

Wage & Hour Questionnaire (Must be answered by all entities for which insurance coverage is provided):

- a) For each entity for which coverage is requested, have any employees complained about violations of state or federal wage and hour laws in the past 24 months? Has the **Company** ever been found to be in violation of any state or federal wage and hour laws? Has the **Company** ever had any wage & hour **Claims**? Is the **Company** in compliance with all applicable state and federal wage and hour laws including but not limited to all record keeping and notice provisions?
- b) For each entity for which coverage is requested, on **Company** letterhead please state that the **Company** is not aware of any violations or complaints by employees of violations of the FLSA or any state law covering wage and hour compliance including but not limited to the New York State Wage Theft Prevention Act. It is agreed that if the **Company** or any Director or Officer is aware of such a **Claim**, it is hereby excluded from this policy. Please have this statement signed and dated by the President or CEO.
- c) Do any exempt employees receive a salary of less than \$455 per week? Yes No
- d) Do all exempt management personnel, as part of their primary duties:
- 1) have direct management control over at least two employees? Yes No
 - 2) have authority to hire and fire or to make recommendations on hiring and firing? Yes No
 - 3) spend less than 50% of their time supervising employees? Yes No
- e) Do all exempt administrative personnel, as part of their primary duties, have authority to make independent decisions (e.g. sign contracts, bind the **Applicant**, hire/fire)? Yes No
- f) Do all exempt outside sales personnel get paid on a commission or partial commission basis? Yes No

- g) Do any non-exempt employees get paid less than minimum wage, including but not limited to, those with the expectation that the difference will be made up by gratuities, commissions or piece rate? Yes No
- h) Are any non-exempt personnel not paid for any time that they are required to be on **Applicant's** premises (i.e. putting on or removing uniforms or equipment) or traveling at **Applicant's** direction? Yes No
- i) Do any non-exempt employees receive reduced hours in exchange for working more than 40 hours in one week in lieu of overtime pay? Yes No
- j) If **Applicant** has independent contractors, do they:
- 1) work under the direct supervision and control of **Applicant's** employees? Yes No
 - 2) use equipment or tools supplied by **Applicant**? Yes No
 - 3) receive **Company** benefits? Yes No
 - 4) wear **Company** uniform? Yes No
 - 5) have a mandate to attend **Company** meetings? Yes No
- k) Does **Applicant** contract with an outside **Company** for services to be performed on **Applicant's** premises by that **Company's** employees? Yes No

If Yes, is there a written indemnity agreement holding **Applicant** harmless for any wage and hour violations? Yes No

- l) When was the last time the **Applicant** audited or reviewed its wage and hour practices to ensure compliance with state and federal laws, including but not limited to its classification of exempt and non-exempt employee's, how overtime is calculated, and meal and rest break periods? _____
Is an attorney involved and how frequent are the audit Yes No

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- m) Does **Applicant** retain payroll records for the last three years? Yes No
- n) Does **Applicant** track the number of hours of salaried employees for payroll purposes? Yes No
- o) Has the **Applicant** changed the status of any non-exempt job category in the last four (4) years? If Yes, please provide details. Yes No
- p) Does the **Applicant** maintain job descriptions for each employee at each location and periodically review them against the employee's actual job duties? Yes No
- q) Does the **Applicant** regularly review job descriptions and update them with the assistance of an attorney? Yes No
- r) For any non-exempt employees that 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 three (3) mile radius from work), are they compensated for this time? Yes No
- s) Does the **Applicant** have a wage and hour compliance program that includes: wage and hour training course for their employees and managers? Yes No
- t) Has there been any wage and hour law related actions, demands, lawsuits, administrative or regulatory proceedings or hearings that resulted in any fines, penalties, defense costs, paid settlements or other losses involving the **Applicant** or any entity or person proposed for this insurance during the last five (5) years ? Yes No
- u) Has the **Company** been audited by a state or federal labor department or agency in the past 3 years? Yes No
Or Is such an audit pending or scheduled? Yes No
If "yes" to either question please explain.