



**WAGE AND HOUR COVERAGE ENHANCEMENT SUPPLEMENTAL APPLICATION**

**THIS IS AN APPLICATION FORM FOR A CLAIMS FIRST MADE AND REPORTED POLICY**

**INSTRUCTIONS:**

- 1) Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2) Application must be dated and have an authorized signature.
- 3) PLEASE READ STATEMENTS AT END OF APPLICATION CAREFULLY.

<b>Applicant Name:</b>		<b>Years in Business:</b>	
<b>Principal Address:</b>			

- |   | Yes  | No   |
|---|--|--|
| 1. Do you regularly consult with an attorney with respect to wage and hour issues, including job descriptions, hourly rates, overtime, meal and rest breaks, and conduct audits with respect to the classification of employees as salaried, hourly, and/or independent contractor? If yes, please provide the name of the attorney, law firm and frequency:<br>Atty: _____ Law Firm: _____ Frequency: _____<br>If no, describe how your company ensures compliance with federal, state and local wage and hour laws. | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 2. Please list the job titles and a brief description of their responsibilities for all exempt personnel.<br>_____<br>_____<br>_____  |  |  |
| 3. Do you employ any sales personnel that make sales calls outside of your premises?<br>If yes, do they get paid on a commission or partial commission basis?   | <input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/>                             |
| 4. Do all salaried employees: <ol style="list-style-type: none"> <li>a) receive at least 2x your state's prevailing minimum wage per week?</li> <li>b) as part of their primary duties, exercise some discretion and independent judgment, including providing weighted input into hiring, promotion and firing decisions?</li> <li>c) that are supervisors manage 2 or more employees and spend at least 50% of their time supervising said employees?</li> </ol>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 5. Do all non-salaried employees receive at least the prevailing minimum wage as well as meal and rest breaks (where the employee is relieved of all duties during such breaks)?  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 6. Are all non-salaried employees compensated for on-call time and travel time and reimbursed for business-related expenses (i.e., uniforms, tools, gas, etc.) and time spent putting on or removing uniforms?  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 7. Are all non-salaried employees paid overtime for any hours worked in excess of 40 hours per week, or where applicable, 8 hours per day?  | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 8. Do you utilize a time-keeping system that tracks in-time, out-time, meal and rest breaks?  | <input type="checkbox"/>   | <input type="checkbox"/>   |

Yes No

- 9. Do you utilize independent contractors?  Yes  No
- If yes, is there a written indemnity agreement holding Applicant harmless for any wage and hour violations?  Yes  No
- 10. Do you provide itemized wage statements to all of your employees, including wages paid, deductions, tips & commissions where applicable, and, for hourly employees, regular and overtime hours?  Yes  No
- 11. Do you maintain payroll records, including time-keeping records and wage statements, for a period of at least 4 years?  Yes  No
- 12. Do all tip sharing / tip pooling arrangements exclude all management (including assistant manager) employees?  Yes  No
- 13. Have any lawsuits, class actions, administrative proceedings (including audits, investigations or reviews by the Department of Labor or similar state agencies including but not limited to the California Department of Industrial Relations), or any hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the last five (5) years alleging violations of any federal, state or local wage and hour laws or regulations in support thereof? (If yes, please give full details)  Yes  No

Any Additional Information

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

**The Applicant on behalf of the 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, it will immediately notify us of such change, and we may withdraw or modify any outstanding quotations or authorizations or agreements to bind the insurance. Signing of this application does not bind Underwriters to offer nor 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	Applicant's Authorized Signature of a Principal Partner or Shareholder	Title
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Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title
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