

## WAGE AND HOUR COVERAGE ENHANCEMENT SUPPLEMENTAL APPLICATION

**Applicant Name** \_\_\_\_\_

### I. GENERAL QUESTIONS

		Yes	No	N/A
1.	Are all non-exempt employees compensated for the following: a) all the time that the employee is required to stay on the employer's premises, even if the employee is waiting for a work-related assignment or otherwise "on call"? b) employee trainings or seminars required by the employer?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
2.	Are all employees reimbursed for business-related mileage when the employee uses his/her own vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	If you provide employees with non-discretionary bonuses, do you include these bonuses when calculating the regular rate of pay for the employee's overtime rate? A non-discretionary bonus is one that is promised or expected based on a pre-existing set of criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do all tip sharing / tip pooling arrangements exclude all management (including assistant manager) employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you pay your employees' wages using an electronic payroll card?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has an outside Human Resources professional or employment law attorney evaluated your exempt employee classifications within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you utilize an electronic time-keeping system or a time punch machine (as opposed to handwritten time sheets)? a) Do you round your employees' clock in and clock out times (e.g., to nearest 5, 6, 10, or 15 minutes)?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
8.	Do your employees execute an employment arbitration agreement? a) Does this arbitration agreement contain a class or representative action waiver provision?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
9.	Do you utilize independent contractors (a.k.a 1099 workers)? If yes, please answer the following: a) Do independent contractors consist of more than 10 percent of your workforce? b) Have you converted any employees to independent contractors, or vice versa, in the last 2 years?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
10.	If you lease workers from a staffing agency, do you have a written staffing agreement with the staffing agency in which the agency has agreed to defend and indemnify you for any losses arising from claims made by the temporary employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you employ at least one Human Resources Manager who has attended at least 6 hours of Human Resources or employment law continuing education (e.g. seminars or webinars) within the past 24 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. CALIFORNIA SPECIFIC QUESTIONS

		Yes	No	N/A
1.	Do you claim a tip credit towards minimum wage for any of your employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you ever reduce the salary of an exempt employee based on the number of hours they worked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a written meal period policy that provides non-exempt employees with an uninterrupted, off-duty meal period of at least 30 minutes before the end of their fifth hour of work?  a) Do your employees execute a Meal Period Waiver agreement?  b) Have you entered into "on-duty" meal period agreements with any of your employees?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4.	If you maintain a written rest period policy, is the phrase "major fraction thereof" contained therein?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you give every new employee, at the time of hire, a written notice of their regular pay rate, overtime rate, and the basis of their pay rate (i.e. hourly, shift, weekly, salary, piece rate, commission, or otherwise)?  a) Do your commissioned-based employees receive written contracts which set forth the method by which the commission shall be computed and paid?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6.	At the time of an involuntary termination, do you give the terminated employee their final paycheck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	If your employees earn paid vacation, must they use all earned vacation in the year it is earned or otherwise lose that vacation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## III. NEW-YORK SPECIFIC QUESTIONS

		Yes	No
1.	Do you ever reduce the salary of an exempt employee based on the number of hours they worked?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you require every employee to sign, at the time of hire, a written notice of their pay rate, including overtime rate, how paid (e.g., hourly, shift, week, commissions), payday, employer's official name, address and phone number of employer's main office, and allowances taken as part of the minimum wage?	<input type="checkbox"/>	<input type="checkbox"/>

## IV. FLORIDA SPECIFIC QUESTIONS

		Yes	No
1.	Do you pay all non-exempt employees an hourly wage that is equal to or more than the federal minimum wage or the Florida minimum wage, whichever is greater?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have any employees who receive tips? a) State the minimum hourly wage you pay to Florida tipped employees: \$_____.  b) Do you calculate your tipped employees' hourly wage rate to ensure your tipped employees meet the Florida minimum wage threshold?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## V. LOSS HISTORY QUESTIONS

		Yes	No
1.	In the last 5 years, has any current or former employee made or threatened 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? If yes, describe the outcome and how you have changed your practices to prevent further claims (attached explanation if needed).	<input type="checkbox"/>	<input type="checkbox"/>
2.	<p>Does any manager, supervisor, shareholder, partner or owner within your organization have any knowledge of a potential violation of any wage and hour law that could result in a claim, including but not limited to, claims related to "off the clock" work, meal periods, rest periods, unpaid overtime, or failure to reimbursement expenses?</p> <p>For example, but not by way of limitation, we consider it reasonable for you to foresee or have knowledge that a claim may be brought against you if a current or former employee has:</p> <ul style="list-style-type: none"> <li>You have received written or verbal notice from an attorney related to a potential complaint by a current or former employee</li> <li>A current or former employee has threatened to hire a lawyer and/or file a claim with a federal or state regulatory agency related to wage and hour law violations</li> <li>A current or former employee has made a complaint (whether formal or informal) related to (a) wages owed to him/her, (b) "off the clock" work, (c) missing meal or rest periods, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

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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