

Professional Underwriters Agency, Inc.

WAGE AND HOUR COVERAGE ENHANCEMENT SUPPLEMENTAL APPLICATION

	Yes	No
1. Do any exempt employees receive a salary of less than \$455 per week?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do all exempt management personnel, as part of their primary duties:		
a) have direct management control over at least 2 employees?	<input type="checkbox"/>	<input type="checkbox"/>
b) have authority to hire and fire or to make recommendations on hiring and firing?	<input type="checkbox"/>	<input type="checkbox"/>
c) spend less than 50% of their time supervising employees?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all exempt administrative personnel, as part of their primary duties, have authority to make some independent decisions (e.g. sign contracts, bind the applicant, hire/fire)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all exempt outside sales personnel get paid on a commission or partial commission basis?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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?	<input type="checkbox"/>	<input type="checkbox"/>
6. 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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do any non-exempt employees receive reduced hours in exchange for working more than 40 hours in one week in lieu of overtime pay?	<input type="checkbox"/>	<input type="checkbox"/>
8. If Applicant has independent contractors, do they:		
a) work under the direct supervision and control of applicants' employees?	<input type="checkbox"/>	<input type="checkbox"/>
b) use equipment or tools supplied by Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
c) receive company benefits?	<input type="checkbox"/>	<input type="checkbox"/>
d) wear company uniform?	<input type="checkbox"/>	<input type="checkbox"/>
e) have a mandate to attend company meetings?	<input type="checkbox"/>	<input type="checkbox"/>

9. Does Applicant contract with an outside company for services to be performed on Applicant's premises by that company's employees?
- If yes, is there a written indemnity agreement holding Applicant harmless for any wage and hour violations?
10. Does Applicant audit or review its wage and hour practices to ensure compliance with state and federal laws, including classification of exempt/non-exempt employees; how overtime is calculated, and how meal and rest break periods are calculated?
- If yes, is an attorney involved and how frequent are the audits? _____
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11. Does Applicant retain payroll records for the last three years?
12. Does Applicant track the number of hours of salaried employees for payroll purposes?
13. Has the Applicant changed the status of any non-exempt job category to exempt in the last 4 years? If yes, please provide details.
14. Does Applicant maintain job descriptions for each employee at each location and periodically review them against the employees' actual job duties?
15. Does Applicant regularly review job descriptions and update them with the assistance of an attorney?
16. 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 (ie, must stay within a 3 mile radius from work) are they compensated for this time?
17. Have any losses, lawsuits, 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 violation of any wage and hour law, including but not limited to the California Labor Code?

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
Date	Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	Title