



Employment Practices Liability Insurance
Houston Casualty Companies / U.S. Specialty Insurance Company

WAGE & HOUR SUPPLEMENTAL APPLICATION

Eligibility is subject to completion of the Wage and Hour Supplemental Application and underwriter approval. No backdating allowed for this coverage. Coverage must be elected at time of binding.

1. In the past five (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, please describe the outcome and how you have changed your practice to prevent claims (attach explanation if needed).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Question 2 does NOT apply to current HCC renewals that have Wage & Hour coverage		
2. Does any manager, supervisor, shareholder, partner or owner within your organization have knowledge of a potential violation of any wage and hour law that could result in 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In the last 3 years, has any insured received from the Department of Labor or similar federal, state or local agency notice of an audit or other regulatory or administrative investigation related to compliance with or violation of any federal, state or local wage and hour laws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are all your full time employees allowed to take a meal period of at least 30 minutes during which they are relieved of all duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Questions 5-7 apply only to employers with employees located in CALIFORNIA:		
5. Do any of your employees take on-duty meal periods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are all employees allowed to take a rest period of 10 minutes or more in the middle of each 4 hour work period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do all salaried employees receive a salary of least two times the minimum wage per week that is not subject to reduction based on the number of hours they work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Question 8 applies only to employers with employees located in NEW YORK:		
8. Do all salaried employees receive a salary of at least: \$600.00/week on or after December 31, 2013; \$656.25/week on or after December 31, 2014; and \$675/week on or after December 31, 2015	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Question 9 applies only to employers with employees located in NEW JERSEY:		
9. Do all salaried employees receive a salary of at least \$455 per week that is not subject to reduction based on the number of hours they work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I represent after full investigation and inquiry that the statements set forth are true and complete. I understand the information on this form will become a part of my organization's Employment Practices Liability Application and is subject to the same representations and conditions.

Applicant's Signature: _____	Date: _____
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California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.