



# TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

## WAGE AND HOUR COVERAGE ENHANCEMENT SUPPLEMENTAL APPLICATION

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

### I. INCREASED MINIMUM SALARY QUESTIONS

With regard to the Department of Labor’s increased minimum salary threshold for employees to qualify for “white collar” exemption effective December 1<sup>st</sup>, 2016, please provide the following information:

- |   | Yes | No | N/A   |
|---|-----|----|-------|
| 1. Do you have exempt employees who currently earn a base salary of less than \$47,476 per year (i.e. \$913 per week)? <i>If no, stop here. If yes, please complete the following</i> |     |    |       |
| A. Please provide the number of exempt employees who currently earn less than \$47,476 per year (\$913 per week)  |     |    | _____ |
| B. In order to comply with the U.S. Department of Labor’s Final Rule published at 29 CFR Part 541 (the “Final Rule”) on or before December 1, 2016 will you:                          |     |    |       |
| i. Convert these employees to “non-exempt” status, pay them hourly, and provide rest breaks and meals breaks (if required by law)?  |     |    |       |
| ii. Pay these exempt employees a minimum salary of \$47,476/year (or \$913/week)?   |     |    |       |
| iii. Use a combination of the strategies set forth in i and ii, above?  |     |    |       |
| C. If your answer to “A” (above) is over 15 employees, please confirm that you will be consulting with outside counsel and/or an HR risk management provider during this process?     |     |    |       |

**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
------	---	-------

SUBMIT THIS APPLICATION TO:  
EPLI@TargetProIns.com or Fax to (866) 720-5003