



TARGET PROFESSIONAL PROGRAMS

A Division of CRC Insurance Services

General Wage & Hour Supplemental Application

1. Please list the job titles and a brief description of responsibilities for all exempt personnel.

2. Do all exempt management personnel, as part of their primary duties:
 - a. have direct management control over at least 2 employees?
Yes No
 - b. have authority to hire and fire or to make recommendations on hiring and firing?
Yes No
 - c. Spend at least 50% of their time supervising employees?
Yes No

3. Is all administrative staff, other than the manager of the administration department, paid on an hourly (non-exempt) basis?
Yes No

4. Are any employees paid less than minimum wage, including those with the expectation that the difference will be made up in gratuities?
Yes No

5. Do all outside sales personnel get paid on a commission or partial commission basis?
Yes No

6. Does the applicant utilize an electronic time-keeping system?
Yes No
Whether an electronic or manual time-keeping system;
 - a. Does the system allow employees to 'clock in' before their shift is due to start, or before their rest or meal break ends?
Yes No



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b. Who is able to amend an employee's time records on the system?

c. Does the employee provide written consent or sign off any such amendment?

Yes No

7. Are any employees, paid on an hourly basis, required to be on-call or stand-by to the extent that they are restricted from doing their normal activities (i.e. must stay within a 3 mile radius of their working location) and not paid for this time?

Yes No

8. If employees work more than 40 hours in any one week, are they offered reduced hours during any other work-week in lieu of overtime pay?

Yes No

9. Are all independent contractors considered as non-exempt employees? If not, do independent contractors:

Yes No

a. work under the direct supervision and control of the applicant's employees?

Yes No

b. use equipment supplied by the applicant?

Yes No

c. receive company benefits?

Yes No

d. wear a company uniform?

Yes No

e. have a mandate to attend company meetings?

Yes No

10. Do any employees, other than regional or general managers, work at more than one business location?

Yes No

11. Are all employees paid for the time that they are required to be on an applicant's premises (e.g. putting on or removing uniforms, or setting up equipment etc.) or travelling at the applicant's direction?

Yes No



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12. Are all tip sharing/tip pooling arrangements made for the benefit only of those staff who would customarily and regularly receive tips' in the course of their normal duties?

Yes No

13. Does the applicant retain payroll records for the last four years?

Yes No

14. Are final paychecks provided to terminated employees on the day they are terminated, either in person or by recorded mail?

Yes No

15. Have any of the following been made against the applicant or any entity or person proposed for this insurance for the past five (5) years alleging violation of or investigating compliance with any wage and hour and/or overtime law, including but not limited to Fair Labor Standards Act or the California Labor Code?

losses, lawsuits, hearings, demands, administrative proceedings, including audits, investigations, or review by the Department of Labor or similar state agencies including but not limited to the California Department of Industrial Relations? Yes No

If yes, please provide details.

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

The information contained in and submitted with this Application is on file with the Insurers. All such applications, attachments, information and materials are deemed attached to and incorporated into the Policy regardless of whether this material is provided directly or indirectly to the Insurers. The Insurers will have relied on this Application, the attachments, information and materials in issuing any policy.

The Applicant on behalf of all 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, Applicant will immediately notify the Insurers in writing of such change. Signing of this application does not bind the Insurers 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 Signature of Applicant's Authorized Principal or Officer Title

Date Signature of Applicant's Authorized Human Resources Representative Title

(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)

Submit to EPLI@TargetProIns.com or Fax to (866) 720-5003