



## Contractors/Construction Workers Wage & Hour Supplemental Application

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

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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. Are all administrative staff, other than the manager of the administration department, paid on an hourly (non-exempt) basis?

Yes  No

4. 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

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

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

Yes  No

**Email for Submissions:** [epli@5starsp.com](mailto:epli@5starsp.com)

Fax: 866.720.5003

Telephone: 866.879.6565

[www.5starSP.com](http://www.5starSP.com)

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5. If an employee works more than 40 hours in any one work-week, are they offered reduced hours during any other work-week in lieu of overtime pay?  
Yes  No
6. Are all independent contractors considered as non-exempt employees? If not, do independent contractors;
- a. work under the direct supervision and control of the applicant's employees?  
Yes  No
- b. 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
7. Do you have policies and procedures in place to properly track hourly (non-exempt) employees working at multiple sites/locations, in order to make certain that proper overtime wages are being paid no matter which location they are working?  
Yes  No
8. Are all hourly (non-exempt) employees paid for time that they are required to travel to and/or make a pick up or drop off on their way to their work site or work location?  
Yes  No
9. Does the applicant retain payroll records for the last four years?  
Yes  No
10. Are final paychecks provided to terminated employees on the day that there are terminated, either in person or by recorded mail?  
Yes  No

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11. 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? **If yes, please provide details.**

Yes  No

**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.**

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Date                      Signature of Applicant's Authorized Principal or Officer                      Title

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Date                      Signature of Applicant's Authorized Human Resources Representative                      Title

(PLEASE NOTE THAT BOTH DATED SIGNATURES ARE REQUIRED)

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