



## Retail/Wholesale Wage & Hour Supplemental Application

1. Are any employees, other than store managers or location managers, paid on a salaried (exempt) basis?

Yes  No

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

Yes  No

3. Does the applicant utilise and 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

4. 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

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

Yes  No

6. 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

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

Yes  No

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

Fax: 866.720.5003

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CA License #0699854



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

Yes  No

9. 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.**

\_\_\_\_\_  
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)

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