



Wage and Hour Defense
Supplemental Application

Insured Name: _____		
1.	Do you consult with an attorney or outside human resource professional regarding how you classify "exempt" versus "nonexempt" employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Do you have established procedures for maintaining job descriptions for all employees at all locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3a.	Do you keep records of all hours worked by non-exempt employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Do you retain the records for 3 years or longer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Do you employ both exempt and non-exempt employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Have you had any prior or pending Fair Labor Standards Act claims or investigations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Do you periodically compare job descriptions to the employee's actual job duties and update as necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Are the above referenced job description reviews and updates performed with the assistance of outside counsel?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand and acknowledge that the aforementioned statements and answers are true, accurate and complete and that the information submitted in this supplement becomes a part of the Epack Insurance application and is subject to the same representations, fraud warnings and conditions.

Signature: _____	Date: _____
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