
FLEXI PLUS FIVE
WAGE AND HOUR SUPPLEMENT

1. Name of the Applicant:
2. Does the Applicant consult with an attorney regarding how overtime is calculated and how they define "exempt" employees for each location? Yes No
3. Does the Applicant have established procedures for maintaining job descriptions for each employee at each location? Yes No
4. Does the Applicant periodically have each job description reviewed and / or updated? Yes No
5. Does the Applicant periodically have each job description reviewed and / or compared to the employee's actual job duties? Yes No
6. Are the above referenced job description reviews and / or updates performed with the assistance of outside counsel? Yes No
7. Does the Applicant keep records of the employee's hours? Yes No
8. Does the Applicant restrict employees to non-overtime hours where possible? Yes No
9. Does the Applicant use an overtime authority form? Yes No
10. What percentage of the Applicant's employees is exempt at each location? %
11. Within the last five (5) years, has any claim been made, or is any claim now pending against any Insured, or any person for this insurance in the capacity of either Director, Trustee, Officer or Employee, that arose or is arising from or involves the Fair Labor Standards Act or wages or overtime pay? Yes No
12. Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against any Insured or any of its Directors, Trustees, Officers or Employees that arises from or involves the Fair Labor Standards Act or wages or overtime pay? Yes No

I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Flexi Plus Five application and is subject to the same conditions as stated on the application.

Name (Please Print/Type)

Title (Must be signed by the President, Chairman
or Executive Director)

Signature

Date

Produced by: (Section to be completed by Producer/Broker)

Producer

Agency

Agency Taxpayer ID or SS Number

Agency License Number

Address (Street, City, State, Zip)

ADDITIONAL INFORMATION

This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.

Signature

Date