



**EMPLOYMENT PRACTICES  
LIABILITY INSURANCE  
WAGE AND HOUR  
SUPPLEMENTAL QUESTIONNAIRE**

Return All Applications to:  
**Rockwood Programs Inc.**  
3001 Philadelphia Pike  
Claymont, DE 19703-2580  
Tel: 800-558-8808 • Fax: 302-764-5477  
[www.rockwoodinsurance.com](http://www.rockwoodinsurance.com)

1. Full name of Applicant \_\_\_\_\_
2. Do all salaried employees as part of their primary duties exercise some discretion and independent judgment? ..... ☐ Yes ☐ No
3. Do all salaried employees that are supervisors manage 2 or more employees and spend at least 50% of their time supervising said employees? ..... ☐ Yes ☐ No
4. How do non-exempt employees keep track of their hours?  
\_\_\_\_\_

5. If a time clock is used, does the time clock make any automatic deductions from pay, such as for lunches or other breaks? ..... ☐ Yes ☐ No

Explain: \_\_\_\_\_

6. What breaks are given to non-exempt employees?  
\_\_\_\_\_

7. Are the breaks mandatory or permitted at the employee's option? ..... ☐ Mandatory ☐ Permitted
8. If any employees are required to wear uniforms, protective gear, or other equipment necessary for the job, are those employees paid for the time spent putting on or removing such uniforms, equipment or gear? ... ☐ Yes ☐ No
9. Are any non-exempt employees given company-issued phones, PDAs or pagers? ..... ☐ Yes ☐ No
10. Is there a written company policy governing their use? ..... ☐ Yes ☐ No
11. Do all tip/sharing/tip pooling arrangements exclude all management/supervisory level employees? ..... ☐ Yes ☐ No
12. Have any lawsuits, class/mass actions, regulatory investigations, administrative proceedings (including audits, investigations or reviews by the Department of Labor or similar state agencies) been made against the Applicant or any entity or person proposed for this insurance during the past five years alleging violations of any federal, state or local wage and hour laws or regulations in support thereof? ..... ☐ Yes ☐ No

If "Yes", please provide full details: \_\_\_\_\_

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent (within 30 days of the proposed effective date).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (print) \_\_\_\_\_

**FRAUD WARNING APPLICABLE IN MARYLAND:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.