



**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
Email: sales@rockwoodinsurance.com
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*) _____

FLORIDA FRAUD NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer filed a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.