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PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

PRIVATE COMPANY PROTECTION PLUS
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 Private Company Protection Plus application and is subject to the same conditions as stated on the application.

_____ _____
Name (Please Print) Title **(Must be Chairman, President or CEO)**

_____ _____
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)

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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

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