

ANI

Wage and Hour Supplemental Application

Applicant Name: _____

Contact Person: _____ Member Number: _____

Billing Address: _____

Limits Requested: _____

(Please attach copies of licenses, contracts, placement policy/procedures, training guides, and applications used.)

Wage and Hour Compliance:

1.
 - a. Who is responsible for wage and hour compliance? Please list job title, years with the agency, years in the HR profession, and any certifications:

 - b. If you consult with an employment attorney, please list name of attorney, firm and frequency of consultations:

 - c. When was your most recent wage and hour compliance audit? _____
 Who conducted it? _____
 - d. Do your employees execute an employment arbitration agreement? Yes No
 - e. Does this arbitration agreement contain a class or representative action waiver provision? Yes No
 - f. How often is it reviewed by legal counsel? _____

2. **Classification: Exempt vs. Non-exempt/Independent Contractors:**
 - a. How frequently do you review worker classifications? _____
 - b. How many total workers do you have?
 Exempt _____ Non-exempt _____ Independent contractors _____
 - c. Do all exempt staff exercise discretion, independent judgement, and make or have significant input in hiring/promotion decisions? Yes No
 - d. Do all exempt managers supervise 2 or more FT employees and spend 51% of their time supervising those employees? Yes No

3. Minimum Wage and Overtime Compliance:

- a. Lowest annual salary of exempt staff: \$ _____
- b. Is exempt staff salary ever reduced based on the hours worked (e.g., part-time)? Yes No
- c. Lowest hourly rate for non-exempt staff: \$ _____/hour
- d. Are any volunteers paid? Yes No
- e. Do you pay with stipends? Yes No
- f. Are all non-exempts paid overtime for any hours worked more than 40 hours per week, or for work over 8 or 12 hours a day? Yes No
- g. Do you calculate the "regular rate of pay" to include all compensation, including non-discretionary bonuses, differentials, etc.? Yes No
- h. Do any non-exempt employees receive reduced hours in exchange for working more than 8 hours a day or 40 hours in one week in lieu of overtime pay (e.g., "comp time")? Yes No

4. Non-Exempt Timekeeping:

- a. What type of system do you use to track hours worked? _____
- b. Do you track start and stop times for:
 - i. Each work period? Yes No
 - ii. Meal breaks? Yes No
- c. Are the following counted as "hours worked" on timesheets:
 - i. Restricted on-call time? Yes No
 - ii. Travel time? Yes No
 - iii. Time waiting for a work assignment? Yes No
 - iv. Any after-hours electronic communication? Yes No
 - v. Mandatory training? Yes No
- d. Do you round time to the nearest 5, 10 or 15 minutes? Yes No
- e. Do you have live-in employees? Yes No
- f. How many? _____
- g. Do you have a written residential agreement? Yes No

5. Meal and Rest Break Compliance for Non-Exempt Employees:

- a. Do you have written meal and rest break policies that are provided to staff? Yes No
- b. How often do you train staff and supervisors on meal and rest break rules? _____

6. Payroll:

- a. Do you include payout of accrued PTO/personal days/vacation in final paycheck if required in your state? Yes No
- b. Do you payout accrued vacation if promised in your employment policies? Yes No
- c. Do you pay separating employees in accordance with the timeline required by state law? Yes No

7. Paid Leave:

- a. If you give vacation, do you have a use it or lose it policy? Yes No
- b. Do you provide notice of and provide all staff paid sick leave in accordance with both California and any applicable city and/or county law? Yes No

8. Employee Records/Notices/Pay Stubs:

- a. Do you provide itemized wage statements to all employees with payroll, listing wages paid, all deductions, and for hourly employees, regular and overtime hours? Yes No
- b. Do you maintain payroll records, including time-keeping records and wage statements, for a period of at least four years? Yes No
- c. If in NY: Do you require every employee to sign, at the time of hire, a written notice of their pay rate, including overtime rate, how paid (e.g. hourly, shift, week, commissions), payday, employer's official name, address and phone number of employer's main office, and allowances taken as part of the minimum? Yes No

9. Staffing Agency/Professional Employer Organization (PEO):

- a. Do you hire workers through a:
 - i. PEO? Yes No
 - ii. Staffing agency? Yes No
 - iii. How many workers? _____
- b. Is there a written agreement where the agency in Question 10(a) agrees to defend and indemnify your nonprofit for any losses arising from wage and hour claims? Yes No

10. Prior Wage & Hour Matters:

- a. Do you have any lawsuits, class actions, administrative proceedings (including audits, investigations or review by the federal Department of Labor or any State's Labor or Employment law enforcement agency), or any hearings or demands that have been made against your nonprofit during the last five years alleging violations of any federal, state, or local wage and hour laws or regulations in support thereof? (If yes, please give full details: _____) Yes No
- b. Does any manager, supervisor or Board Member within your nonprofit have any knowledge of a potential violation of any wage and hour law that could result in a claim including but not limited to, claims related to "off the clock" work, meal breaks, rest breaks, unpaid overtime, or failure to reimbursement expenses? Yes No

SIGNATURES

Applicable in AR, LA, MD, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Applicable in CA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NY and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony." The absence of such a statement shall not constitute a defense in any prosecution.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Applicable in all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer of the applicant agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not obligate NIA or its affiliates to issue insurance to the applicant.

Applicant's Signature

Date

Producer's Signature

Date

Print or Type Applicant's Name

Applicant's Title