



*Name of Insurance Company to which **Application** is made*

A capital stock company
(the “Insurer”)

Wage and Hour Edge ^(SM) APPLICATION

Wage and Hour Liability Insurance

Notices: If a policy is issued, defense costs will reduce the limits of liability (and, therefore, amounts available to respond to settlements and judgments) and will be applied against applicable retentions. Also, coverage will be limited to loss from claims first made against insureds during the policy period and reported to the Insurer as the policy requires. The Insurer does not assume any duty to defend.

All questions must be completely answered. If space is insufficient to complete an answer, attach a separate sheet referenced to the specific question being answered. The Application must be signed by the Applicant as indicated below.

I. GENERAL INFORMATION

1. Name of Applicant:

a. Principle Address:

b. Policy Contact Name & Title

c. Contact Email Address:

II. WORKFORCE INFORMATION

2. Total number of employees in USA and its territories: ____

3. Please complete the below relating to the Applicant’s workforce.

Category -		Location By State/Territory			
		CA	NY	FL; MA; PA; KS	Elsewhere in the USA & Its Territories
Exempt					
Non-Exempt	Full Time				
	Part Time				
Unionized					
Temporary Workers					
Independent Contractors	Drivers				
	Janitorial/Cleaning				
	Technology				
	All Other				
Outside Sales	Exempt				
	Non-Exempt				

III. WAGE & HOUR

(For questions which ask for a state-by-state breakdown of employee category, please use the same "Location by State" breakdown provided for in the chart above, rather than a full 50 state breakdown)

4. Does the Applicant have a written policy addressing the following categories?

Timekeeping/payroll records	☐ Yes	☐ No
Overtime/off the clock	☐ Yes	☐ No
Meal and rest breaks	☐ Yes	☐ No
Non-Retaliation for raising wage and hour concerns	☐ Yes	☐ No
Complaint Procedure for payroll concerns	☐ Yes	☐ No
Use of personal communication devices	☐ Yes	☐ No

5. Does the Applicant have a dedicated group of individuals responsible for overseeing wage and hour compliance? ☐ Yes ☐ No

6. To whom or what departments are complaints involving the Applicant's wage and hour violations or similar concerns reported into? _____

7. Do managers or supervisors receive training regarding:
(a) compliance with federal or state (or both) wage and hour requirements? ☐ Yes ☐ No
(b) handling wage and hour complaints? ☐ Yes ☐ No

8. In the past three years, has the Applicant conducted audits of its:

(a) compliance with federal and state wage and hour laws/regulations including payroll practices?
☐ Yes ☐ No

(b) classification of employees (exempt versus non-exempt versus independent contractor)?
☐ Yes ☐ No

If "Yes" to either of the above, please describe the particulars of such audit, including (i) what issues, if any, were identified; and (ii) whether any identified issues were remedied and if so, how. Additionally, please provide a copy of the audit, if permissible under the terms it was undertaken.

9. Please describe the Applicant's five (5) most populated job functions and provide number of individuals within each job function, including their status as exempt/non-exempt. _____

10. Does the Applicant maintain job descriptions for all positions within the organization? ☐ Yes ☐ No

If "Yes", please attach descriptions for the five (5) most populated job functions.

11. Does the Applicant require all non-exempt employees to confirm accuracy of hours worked at any point prior to being compensated for such hours worked? ☐ Yes ☐ No

If "Yes", please describe how non-exempt employees confirm accuracy of hours worked.

12. How are hours worked by non-exempt employees monitored and tracked? _____

13. How does the Applicant ensure that non-exempt employees are taking their meal and rest breaks? _____

14. Does the Applicant use a rounding time method for calculating hours worked by non-exempt employees? ☐ Yes ☐ No

If "Yes", please state the number of employees involved and describe the rounding rules applicable to such employees.

15. Does the Applicant use the fluctuating workweek method to calculate overtime compensation for any employees? ☐ Yes ☐ No

If "Yes", please provide the number of employees subject to such calculation.

16. Does the Applicant take any deductions from employees' pay (other than for taxes, benefit plan contributions, FICA, social security and any other government mandated deductions or withholdings)? ☐ Yes ☐ No

If "Yes", please describe all such deductions, and whether the Applicant has evaluated whether all such deductions are permissible under federal and state law.

17. Does the Applicant employ any Independent Contractor(s) or Contingent Workers?
☐ Yes ☐ No

If "Yes", please answer the following:

- (a) Does the Applicant have specific working guidelines in managing the engagement of Independent Contractor(s) or Contingent Workers? ☐ Yes ☐ No
- (b) What service does such Independent Contractor or Contingent worker perform for the Applicant?
- (c) How often are Independent Contractor(s) or Contingent workers utilized?
- (d) Who pays the Independent Contractor or Contingent Workers for their services?
- (e) Does the Applicant use an outside staffing company to hire Independent Contractor(s) or Contingent Workers? ☐ Yes ☐ No
- (f) How has the Applicant addressed issues concerning "joint employment" with such Independent Contractor, Contingent Worker or outside staffing company?

18. If the Applicant utilizes any **Temporary Workers**, do such individuals receive W2's and how often are they paid? .
19. How many non-exempt employees:
- (a) use company issued mobile devices outside of working hours? ____
 - (b) are required to be "on-call" or on standby for periods of time? ____
 - (c) are required to wear uniforms or safety equipment to perform their job functions? ____
- For (a) – (c), above, describe how the Applicant compensates such employees, as applicable.
20. In the past five years, has Applicant reclassified or changed the exempt/non-exempt status of any positions or job groups? ☐ Yes ☐ No
- If "Yes", please describe each reclassification or change, including the (a) positions/job groups reclassified/changed; (b) date(s) of reclassification/changed; (c) number of employees involved; and (d) compensation ranges for the reclassified/changed position/job groups.
21. In the past five years, has Applicant reclassified or changed the status or treatment of any positions/job groups from that of employee to independent contractor, or vice versa? ☐ Yes ☐ No
- If "Yes", please describe each reclassification or change, including the (a) positions/job groups reclassified/changed; (b) date(s) of reclassification/changed; (c) the number of employees involved and (d) compensation ranges for the reclassified/changed position/job groups.
22. How many of the Applicant's full time employees who are classified as exempt from federal minimum wage and overtime pay based upon a "white collar" exemption, earn less than \$913 a week (\$47,476 per year) in salary? How many of such exempt employees have company issued or reimbursed mobile devices? _____
23. What has Applicant done to evaluate and prepare for the impact on the Applicant of the proposed Department of Labor rule changes to raise the minimum salary threshold for employees to qualify for "white collar" exemptions?

24. By category of position indicated what percentage of Applicant's work force has executed a Class/collective action waiver and/or mandatory arbitration provision regarding employment related or wage and hour matters?

Category	Class/Collective Action Waiver	Mandatory Arbitration
Exempt		
Non-Exempt		
Independent Contractor		

III. LAWSUITS AND INVESTIGATIONS

25. Has the Applicant been named in any class action or collective action lawsuit involving wage and hour allegations within the last five (5) years? (any of which being a "Prior Action") ☐ Yes ☐ No

If "Yes", please provide details including the (a) the name of the case; (b) number of plaintiffs; (c) jurisdiction of claim; (d) date of claim; (e) allegations of the claim; (f) any settlement or monetary demands; (g) status of the claim; (h) total defense costs incurred; (i) total amount of any settlement or judgment; and (j) any remedial actions or changes in wage and hour policies that were implemented or amended as a result of such lawsuit.

26. Has the Applicant been the subject of any federal or state department of labor or state regulator investigation or audit during the last five (5) years (any of which being a "Prior Investigation")? ☐ Yes ☐ No

If "Yes", please attach details regarding the (a) particular division conducting the investigation; (b) dates and scope of each investigation or audit; (c) results of such investigation or audit; and (d) if any remedial actions were taken by Applicant as a result of such investigation or audit.

IV. CALIFORNIA:

27. Does the Applicant have California specific wage and hour policies and procedures addressing pay related guidelines? ☐ Yes ☐ No

If "Yes", please attach.

28. Does the Applicant have a specific group or individual overseeing compliance with California wage and hour laws? ☐ Yes ☐ No

29. Do the Applicant's pay stubs comply with California laws governing payroll deductions and mandatory itemizations? ☐ Yes ☐ No

V. PRIOR KNOWLEDGE:

30. Does any person or entity proposed for coverage know of or have information about any act, error, omission or circumstance (any of which being a "Potential Exposure") which would lead a reasonable person to believe that such Potential Exposure might give rise to a claim, suit, regulatory action or other proceeding, inquiry or investigation of or against any proposed insured? If "Yes", please attach complete details.

IT IS AGREED THAT IF ANY SUCH PRIOR ACTION, PRIOR INVESTIGATION OR POTENTIAL EXPOSURE EXISTS, THEN, UNLESS THE RESULTING INSURANCE POLICY EXPRESSLY PROVIDES OTHERWISE, SUCH POLICY SHALL NOT PROVIDE COVERAGE FOR ANY LOSS IN CONNECTION WITH SUCH PRIOR ACTION, PRIOR INVESTIGATION OR POTENTIAL EXPOSURE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

- The undersigned authorized officer of the Applicant declares that the statements set forth herein are true, and agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the Applicant will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorizations or agreements to bind the insurance
- Signing of this application does not bind the Applicant or the Insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.
- All written statements and materials furnished to the Insurer by or on behalf of the Insured in conjunction with this application are incorporated by reference into this application and made a part of it.

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: 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.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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 FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO 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.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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 TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

Signed _____ (Applicant)	Attest _____
Date _____	Producer _____
Title _____ (Must be signed by President, Chairman, Chief Executive Officer or Chief Financial Officer)	License # _____
	Address _____

THE FOLLOWING APPLIES TO APPLICANTS LOCATED IN THE STATES OF AR, MO, NY, NM and RI:
Please read the following statement carefully and sign where indicated. If a policy is issued, this signed statement will be attached to the policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that the limit of liability contained in this policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability of this policy.

The undersigned authorized officer of the Applicant hereby acknowledges that he/she is aware that legal defense costs that are incurred shall be applied against the retention amount.

Signed _____
(Applicant)

Date _____

Title _____
(Must be signed by President, Chairman,
Chief Executive Officer or Chief Financial Officer)