

WAGE AND HOUR LIABILITY INSURANCE APPLICATION

THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS REPORTED BASIS. 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.

SECTION I. GENERAL INFORMATION

Name of Applicant: _____
Address of Applicant: _____
Web Address: _____

SECTION II. COVERAGE REQUESTED

- 1. Is coverage requested for all Subsidiaries? Yes No
- 2. Has the Applicant or any of its Subsidiaries had any merger, acquisition or consolidation in the past twenty four (24) months? Yes No
- 3. Are there any plans for future merger, acquisition or consolidation of or by the Applicant of any of its Subsidiaries in the next twelve (12) months? Yes No

SECTION III.

EMPLOYEE INFORMATION

1. Please complete the attached U.S. Workforce Schedule (Appendix A) relating to the Applicant's employees. If possible, please submit this information electronically in spreadsheet form.

SECTION IV.

WAGE AND HOUR

1. Does the Applicant have a written wage and hour policy? Yes No

2. Does the Applicant engage outside counsel to develop and update its wage and hour policy? Yes No

3. How often is the policy reviewed by outside counsel? _____

4. Describe the procedure, by which time worked (including breaks) is recorded?
[alternatively, a copy of such procedure may be attached hereto]

5. Does the Applicant require all employees to provide a written acknowledgement of the accuracy of recorded work time? Yes No

6. Does the wage and hour policy address the following?

Timekeeping Yes No

Off the clock work Yes No

Meal and rest breaks Yes No

Retaliation Yes No

Mandatory Arbitration Yes No

Complaint Procedure Yes No

Class Waiver Yes No

7. Does the Applicant maintain a written policy regarding non-exempt employees' use of company-issued cell phones, smart phones, or other remote communication devices outside of working hours? Yes No N/A

8. Describe the procedure for an employee to submit a wage and hour complaint: [alternatively, a copy of such procedure may be attached hereto]

9. Describe the time-keeping system or procedures that are to be utilized by non-exempt employees: [alternatively, a copy of such procedure may be attached hereto]

10. Does the Applicant use a rounding time method for calculating hours worked by non-exempt employees? Yes No If yes, please describe.

11. Has the Applicant reclassified any job group or position within the last five (5) years? Yes No If yes, please describe.

12. Does the Applicant have any employees engaged in inside or outside sales activities? Yes No

If yes, please provide the number of employees in each category.

Inside Sales Activities _____

Outside Sales Activities _____

13. Please provide the number of information technology employees or engineer employees that are classified as:

Exempt _____

Non Exempt _____

Independent Contractors _____

14. Does the Applicant employ any Independent Contractors? Yes No

If yes, how many, and please describe the nature of the jobs done by Independent Contractors.

-
15. Does the Applicant use the fluctuating workweek method to calculate overtime compensation for any employees? If Yes, please provide the number of employees subject to such calculation by their state of employment. Also, please attach the Applicant's policies with regard to whether these employees can receive bonuses or other incentive or premium pay; and whether such employees are required to sign a written agreement as to the use of the fluctuating workweek method. Yes No

16. Does the Applicant pay commissions, bonuses or other incentives to non-exempt employees? If Yes, please identify the number of non-exempt employees who are eligible for such incentives by their state of employment and attach the Applicant's policy or plan regarding whether such incentives are factored into the calculation of overtime. Yes No

17. Does the Applicant require any non-exempt employees to be "on-call" or on standby for periods of time? If Yes, please state the number of such employees by their state of employment. Yes No

18. Does the Applicant employ any employees who receive tips? If Yes, please state the number of such employees by their state of employment and provide a copy of any formal policy for distribution of tips. Yes No
19. Does the Applicant pay any non-exempt employees on the basis of rounded time (e.g., rounding to the nearest 15-minute interval). If Yes, please state the number of employees by their state of employment; and describe the rounding rules applicable to such employees. Yes No
20. Does the Applicant contract with an outside company, including a temporary services company, for services to be performed on the Applicant's behalf by that company's employees ("Temporary Workers")? If Yes, please complete the Temporary Workers column of the attached **U.S. Workforce Schedule**, provide the names of your primary vendor companies supplying Temporary Workers, and copies of the Applicant's policies and procedures governing the engagement/retention of such individuals. Yes No
21. Does the company employ interns? Yes No
- If yes, please describe the Internship Program and if Interns are paid.

-
22. Please describe the five (5) most populated job functions; include the number of employees within each job function and indicate if each job function is exempt or non-exempt.
-

SECTION V.

COMPLIANCE

1. Does the Applicant have a dedicated compliance team that focuses specifically on wage and hour compliance? Yes No

If yes, please describe the team's structure, role, and responsibilities.

2. Does the Applicant conduct regular audits of its compliance with federal and state wage and hour laws/regulations? Yes No

If yes, how often are audits conducted? Who conducts the audits? When was the most recent audit conducted?

3. Does the Applicant conduct regular audits of its classification of employees (exempt versus non-exempt status)? Yes No

If yes, how often are audits conducted? Who conducts the audits? When was the most recent audit conducted?

SECTION VI.

CALIFORNIA

Complete this Section VI. only if the Applicant's employees or other personnel work in California.

1. Does the Applicant's written wage and hour policy include any 'California-specific' provisions? Yes No

If yes, please identify and describe, or attach a copy of, such provisions.

2. Please refer to your responses to Sections IV. and V. of this Application and indicate below the extent to which any such responses differ as respects the Applicant's employees or other personnel that work in California.

3. In addition to the responses to 1 and 2 above, please describe any other 'California- specific' wage and hour policies or procedures.

SECTION VII.

LAWSUITS AND INVESTIGATIONS

1. Has the Applicant been named in any class action wage and hour suits within the last five (5) years? Yes No

If yes, please provide details of the specific allegations, number of plaintiffs, location, demand, total defense costs incurred, and the total amount of any settlement or judgment.

2. Does the Applicant currently have any open wage and hour suits?
Yes No

If yes, please provide details of the specific allegations, number of plaintiffs, location, demand, total defense costs incurred, and the total amount of any settlement or judgment.

3. Has the Applicant been the subject of a U.S. Department of Labor (or state regulator) investigation or audit during the last five (5) years? Yes No

If yes, please provide details.

4. Does the Applicant currently have any open U.S. Department of Labor (or state regulator) investigations or audits? Yes No

If yes, please provide details.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR MARKEL BERMUDA LIMITED. TO COMPLETE THE INSURANCE; HOWEVER, THIS APPLICATION WILL BE THE BASIS OF THE CONTRACT IF A POLICY IS ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED OFFICER OR PARTNER, ACTING ON BEHALF OF THE APPLICANT AND ALL PERSONS PROPOSED FOR THIS INSURANCE, AGREES THAT DEFENSE AND SETTLEMENT EXPENSES WHICH ARE COVERED BY THE POLICY SHALL REDUCE, AND MAY COMPLETELY EXHAUST, THE LIMIT OF LIABILITY OF THE POLICY.

Signed: _____

Print Name: _____

Title: _____
(Applicant Authorized Signature or a Principal, Officer or Partner)

Date: _____

