

## Wage & Hour Insurance Application

### I. GENERAL INFORMATION:

1. Applicant Name: \_\_\_\_\_
2. Principal Address: \_\_\_\_\_  
\_\_\_\_\_
3. Web address: \_\_\_\_\_
4. Contact Person (name, title, e-mail, telephone): \_\_\_\_\_  
\_\_\_\_\_

### II. EMPLOYEE INFORMATION:

1. Please complete the attached US Employee Schedule relating to the Applicant's employees.
2. What percentage of your workforce is unionized?  
\_\_\_\_\_ %
3. What is your annual payroll?  
\$ \_\_\_\_\_
4. Please confirm the employee turnover for the past three years:  

Last 12 months: _____ % voluntary	_____ % involuntary
12-24 Months: _____ % voluntary	_____ % involuntary
24-36 Months: _____ % voluntary	_____ % involuntary
5. In the past 36 months, has your total number of employees decreased by more than five percent (5%) through any reduction in force, systematic lay-off or by any closure of division, office or facility that you own or operate? If yes, then please have our reduction in force supplement completed.  

Yes    No
6. Do you regularly consult with an employment attorney or a wage and hour

specialist with regard to pay practices issues, including job descriptions, hourly rates, overtime, meal and rest breaks? If Yes, please confirm the name of the attorney, the firm and how frequently.

Yes       No

Attorney: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Frequency: \_\_\_\_\_

7. Over the last five years, has the Applicant reclassified and changed the exempt/non-exempt status of any particular positions or job families? If Yes, please attach a list of each reclassification; the title of each reclassified position or band; the date of reclassification; the number of employees in each such title; and the compensation ranges for the reclassified positions or job band.  Yes       No
8. Over the last five years, has the Applicant been subject to any federal or state Department of Labor investigations or audits? If Yes, please provide information on the particular division conducting the investigation or audit, the dates and scope of each investigation or audit, the results of such investigation or audit and actions taken, if any, by Applicant as a result.  Yes       No
9. Has Applicant audited or reviewed its wage/hour and pay practices for compliance with state and federal laws in the last 24 months? If Yes, please describe the scope and timing of each audit, state whether an in-house or outside attorney participate in the audit/review and provide a copy of the audit, if permissible under the terms in which it was undertaken.  Yes       No
10. Does the Applicant maintain a job description for each position?  Yes       No
11. Please identify Applicants five most populated job titles (e.g., sales representative) and provide the number of employees, exempt/non-exempt status and compensation range for each job title.
12. Does Applicant employ individuals engaged in inside or outside sales activities that makes up more than 5% of their overall workforce? If Yes, please provide the number of sales employees by state; the exempt/non-exempt classification; commission plans; and the nature of compensation paid to each (e.g., commission-hourly, hourly plus overtime, etc.).  Yes       No
13. Does Applicant classify as exempt any employees who are members of the company's information technology or engineering department or labeled

computer professions (e.g., IT analysts, technical support, etc.)? If Yes, please confirm these classifications were approved by outside counsel.

Yes  No

Approved by outside counsel:  Yes  No

14. Does Applicant pay commissions, bonuses or other incentives to non-exempt employees? If Yes, please confirm these were approved by outside counsel.

Yes  No

Approved by outside counsel:  Yes  No

15. When calculating overtime does the Applicant factor in any non-discretionary bonuses?

Yes  No

Approved by outside counsel:  Yes  No

16. Does Applicant employ any employees who receive tips? If Yes, please confirm it was approved by outside counsel that these employees were in positions acceptable to receive tips in the state where they work and that the distribution policies for tips was reviewed and approved.

Yes  No

Approved by outside counsel:  Yes  No

17. Does Applicant engage any independent contractors/consultants who make up more than 5% of the Applicants workforce (non-employees, excluding temporary employees and managed services (e.g., janitorial services, landscape providers etc.))? If Yes, does the Applicant have a written indemnity agreement holding the Applicant harmless for any wage/hour or pay practices violations?

Yes  No

Hold harmless agreement in place:  Yes  No

18. Has the Applicant converted any employees to independent contractors (1099 workers) in the last three (3) years?

Yes  No

If Yes:

How many employees were converted? \_\_\_\_\_

Was outside counsel consulted prior to the conversion?

Yes  No

19. Does the Applicant utilize an electronic time keeping system that tracks in-time, out-time, meal and rest breaks?

Yes  No

20. Does the Applicant utilize an electronic payment system or outsource its payroll functions? If Yes, please confirm which is used.

Yes  No

Electronic payment system/outsource used: \_\_\_\_\_

21. Does the Applicant utilize arbitration agreements with their employees?

Yes  No

If yes, does this include any class action waiver provisions?

Yes  No

22. If the Applicant utilizes an agency to provide temporary workers, is there a written indemnity agreement holding the Applicant harmless for any wage/hour or wage payment violations?

Not Applicable  Yes  No

23. Does the Applicant pay at least the state and federal minimum wage to all of its non-exempt workers?

Yes  No

24. Does the Applicant post local posters or notices regarding wage/hour and wage payment requirements at each facility in a location reasonably accessible to employees?

Yes  No

25. Are all non-exempt employees compensated for on-call time and travel time and reimbursed for business-related expenses and time spent putting on or removing uniforms or other pre or post shift activities?

Yes  No

26. Does the Applicant provide written policies regarding non-exempt employees' use of cell phones, smart phones, Blackberries, or other remote personal communication devices when they are not on Applicant's premises?

Yes  No

27. Do managers receive training regarding wage/hour requirements?

Yes  No

### **III. ORGANIZATIONAL INFORMATION (CALIFORNIA ONLY):**

Please confirm the following have been considered and approved by outside counsel in the past 3 years:

1. California pay stub for an exempt and a non-exempt employee:  
Agree
2. Overtime pay for hours worked beyond 8 hours in a work day, beyond 40 hours in a week and beyond the first 8 hours on a 7<sup>th</sup> consecutive day of work in the same work week:  
Agree
3. Overtime pay for all hours worked in excess of 12 hours in a work day:  
Agree
4. Payment of overtime compensation earned no later than the payday for the next regular payroll period after the overtime is earned:  
Agree
5. Vacation:  
Agree
6. At the time of an involuntary termination, does the Applicant provide the terminated employee with his or her final paycheck?  
 Yes  No
7. Does the Applicant reduce the salary of exempt employees based on hours worked?  
 Yes  No
8. Does the Applicant provide written notice of regular pay rate, overtime rate and the basis of pay rate at the time of hire?  
 Yes  No

### **IV. LOSS HISTORY:**

1. Over the last seven years, has the Applicant been named as a defendant in

any single plaintiff or purported or actual class action or collective action lawsuits alleging wage/hour or wage payment violations, including allegation of off-the-clock work, misclassification, meal/rest break violations, wage statement violations, minimum wage violations, or failure to pay final or other wages due? If Yes, please provide information for the lawsuit (name of parties, jurisdiction of the case), summary information on the nature of the lawsuit, and information regarding how the matter was resolved including the settlement or judgment (please split defense costs) and any remedial actions that were implemented as a result (please complete the attached spreadsheet). If the matter has not yet been resolved, please provide a status of the case.  Yes  No

2. Does any CEO, CFO, director, officer, General Counsel, Head of Human Resources or Head of Risk Management have knowledge of a potential wage/hour or wage payment violation which could give rise to a Claim?  Yes  No

**V. DECLARATION AND SIGNATURE:**

The undersigned, on behalf of the Applicant, represents that the information contained herein is accurate to the best of the signor's knowledge as of the below date.

Signed: \_\_\_\_\_  
General Counsel or Chief Human Resources Officer

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### **Reduction In Force Supplement**

- A. How many employees were laid off? \_\_\_\_\_
- B. What date(s) did the lay-offs take place? \_\_\_\_\_
- C. Did you consult with and follow the recommendations of a lawyer who specializes in labor and employment law as respects the implementation of such reduction, lay-off or closure?  Yes  No
- D. Did the Applicant have written criteria for the selection of employees to be laid off?  Yes  No
- E. Were those criteria been reviewed by counsel?  Yes  No
- F. Was a study conducted to determine whether the downsizing event will result in a disparate impact on members of any protected class?  Yes  No
- G. Were severance packages offered to all laid-off employees?  Yes  No
- H. Were signed releases gained from all laid-off employees?  Yes  No
- I. Were exit interviews completed with all laid-off employees?  Yes  No
- J. Please provide available details on the above.