



Beazley Wage & Hour Renewal Application

This is an application form for a claims first made and reported policy

Instructions:

- 1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required.
- 2. Application must be dated and have an authorized signature.
- 3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

I. General Information

A. Name and address of Applicant: _____
_____ Zip Code: _____

B. Person to contact: Name: _____
Title: _____
Phone: _____
Email: _____

C. Please answer the following three (3) questions for the most recent fiscal year end:

i) What are the Applicant's:

Current assets?	\$	Current liabilities?	\$
Total assets?	\$	Total liabilities?	\$
Total Gross Revenues?		\$	

ii) Does the Applicant currently have: Net Income or
Net Loss
Amount \$ _____

iii) Does the Applicant currently have: Positive Cashflow or
Negative Cashflow
Amount \$ _____

D. Has an auditor in the previous two (2) fiscal years recommended a "going concern" opinion of the financial information for the Applicant? Yes No

(If Yes, please provide details on a separate sheet)

E. Describe any change in management over the last year: _____

F. Has the Applicant acquired any companies in the past 12 months? Yes No

G. With respect to acquired companies, were any employees or officers terminated or do you plan in the next eighteen (18) months to terminate any employees or officers? Yes No

If so, how many? _____

H. Does the applicant anticipate any plant, facility, branch or office closings, consolidations, or layoffs affecting 20% or more of the employees in any 60 day period within the next eighteen (18) months? Yes No

(If you have answered YES to either N or O, please provide details on a separate sheet)

II. Loss History

A. Has the applicant knowledge of any Claims that have not been reported to Underwriters or Underwriters’ representatives? Yes No

(IF YES, PLEASE PROVIDE A FULL DESCRIPTION OF ON A SEPARATE SHEET.)

III. Employee Information

A. Please complete the attached Employee Schedule relating to the Applicant’s entire US workforce.

B. Please provide the salary ranges (including bonuses and commissions) for the Applicant’s entire US workforce.

	Number of Full Time Employees	Number of Part Time Employees	Seasonal/ Temporary	Other
\$20,000 or less:				
\$20,001 to \$50,000				
\$50,001to \$100,000				
\$100,001 to \$200,000				
\$200,001 and over				

C. Please provide the Applicant’s employee turnover for the last 12 months:

_____ voluntary _____ involuntary

D. Please provide details of the Applicant’s five most populated job titles.

Job Title	Number of Employees	Number of Exempt	Number of Non-Exempt	Compensation Range

E. In the last 12 months has the Applicant reclassified or changed the exempt/non-exempt status of any particular positions or job families? Yes No



(If YES, please provide details of each reclassification including the job title or family; the date of the reclassification; the number of employees affected along with the compensation ranges for the reclassified positions or family.)

IV. Organizational Information

A. In the last 12 months have any changes been made to the Applicant’s policies and procedures regarding the following?

- i. Pay practices (including overtime, meal & rest breaks, on-call time, travel time, tips & incentives) Yes No
- ii. Job role classifications Yes No
- iii. Time-keeping policies (including payroll and time-keeping systems) Yes No
- iv. Pay stubs Yes No
- v. Reimbursement of business-related expenses Yes No
- vi. Arbitration agreements with employees Yes No
- vii. Utilization of temporary workers or independent contractors Yes No

(If YES, please provide full details of such changes)

B. In the last 12 months has the Applicant made any changes to the 5 most popular job titles? Yes No

(If YES, please provide full details of such changes)

C. Has the Applicant audited or reviewed its wage/hour and pay practices for compliance with state and federal laws in the last 12 months? Yes No

(If YES, please describe the scope of such audit or review and state whether in-house or outside counsel participated in such audit or review.)

D. Have managers received training regarding wage/hour requirements in the last 12 months? Yes No

E. Has the Applicant converted any employees to independent contractors (1099 workers) in the last 12 months? Yes No

If YES:

How many employees were converted? _____

Approved by outside counsel? Yes No

V. Other material facts

A. Please declare any Material Facts on a separate sheet; None See attached

A Material Fact is one likely to influence assessment of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to whether a fact would be considered material you should declare it. All the information requested in this proposal is material.



The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.

The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.

_____ Date	_____ Applicant's Authorized Signature of a Principal Partner or Shareholder	_____ Title
_____ Date	_____ Applicant's Authorized Signature of Individual In Charge of Human Resources or Personnel Department or Signature of 2nd Authorized Person	_____ Title