



Defense Base Act (DBA) Insurance Application

- A. Please complete the DBA application in its entirety & sign/date at the bottom.
- B. Please include the SOW (Statement of Work) and/or Contract-Bid, along with the completed application.
- C. If this is an inforce contract, please include a current loss run from the incumbent carrier.

APPLICANT INFORMATION	BROKER INFORMATION
Company Name: <input style="width: 90%;" type="text"/>	Broker Name: <input style="width: 90%;" type="text"/>
D&B No. (if available) <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/>
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Contact Person: <input style="width: 90%;" type="text"/>	Contact Person: <input style="width: 90%;" type="text"/>
Telephone: <input style="width: 25%;" type="text"/> Fax: <input style="width: 25%;" type="text"/>	Phone: <input style="width: 25%;" type="text"/> Fax: <input style="width: 25%;" type="text"/>
E-Mail Address: <input style="width: 90%;" type="text"/>	E-Mail Address: <input style="width: 90%;" type="text"/>

A. POLICY INFORMATION

- Applicant Organization: Corporation Joint Venture LLC Individual Partnership Other
- Proposed Effective Date: Proposed Expiration Date: (Contract Period)

B. CONTRACT INFORMATION

- Type of Contract: Dept. of Defense Dept. of State/U.S. AID U.S. Army Corp. of Engineers/JCC Other
- Is the applicant the primary contractor? Yes No If No, name of primary contractor:
- Did the applicant obtain a written waiver from the Department of Labor for:
 Third Country Nationals? Yes No Local Country Nationals? Yes No
 If Yes, attach copy of waiver and copy of proof of alternative form of local workers' compensation insurance.
- Description of Contract(s)/Operation(s) – Indicate all overseas contract operations below including contract duration, whether a new bid or renewal of existing contract, contract values, number of years of experience on contract, location(s) and contract number(s) **(if a subcontractor, provide contract number(s) of the prime contractor for whom you are working):**

Contract / Solicitation No.

Scope of Works:

Contract duration:

New bid or renewal of existing contract?

Contract Values:

Number of years of experience on contract:

Location(s):



C. REMUNERATION/ EMPLOYEE INFORMATION**

Please provide remuneration figures in US\$

Please make sure you declare the total remuneration for all employees and not per-employee remuneration

Remuneration duration: Annual For contract period Other (please specify)

Country of Duty	Job Classification/ Duties	Remuneration U.S. Nationals (USNs)*	Number of USNs	Remuneration Third Country Nationals (TCNs)	Number of TCNs	Remuneration Local Country Nationals (LCNs)	Number of LCNs

*Any U.S. citizen, legal resident of the U.S. or **any person hired in the U.S.**

**Remuneration means all monies paid to employees including without limitation salary, overtime, bonuses and cash allowances for cost-of-living, board and lodging.

D. TRANSPORTATION INFORMATION

Indicate the maximum number of employees on each method of transportation and at each location indicated below:

	Maximum Number of USNs	Maximum Number of TCNs	Maximum Number of LCNs	Indicate Details of Land and Water Travel, Number of Flights, Work Site and Housing Quarters' Location
Land (Auto/Bus)				
Air Travel*				
Water Travel				
Work Site				
Sleeping Quarters				

*For air travel indicate the total number of commercial/chartered flights (one flight equals one takeoff and landing).

1. What is the distance (in miles) between the housing quarters and worksite?

2. Describe the method of transportation between the housing quarters and worksite:

3. Does the applicant own, operate or lease aircraft for purposes of executing the contract to be covered? Yes No
 If Yes, describe the aircraft and frequency of use to transport employers covered under this policy:



E. GENERAL INFORMATION

1. Any work performed underground or above 15 feet? Yes No
If Yes, describe:
2. Are employees tenured employees of the company? Yes No
If No, are they: Independent Contractors Hired from Staffing Firm/Placement Agency
3. Are subcontractors used? Yes No
If Yes, give percentage of total contract subcontracted:
If Yes, does the applicant require current certificates of DBA insurance from all subcontractors? Yes No
(Any subcontractor used at any level below must procure DBA coverage or the subcontractor's employees could legally fall under your DBA liability if the subcontractor is unable to pay the benefits due to an injured subcontractor employee)
4. Who is security provided by: Employees Outside Contractor(s) U.S. Military
If provided by an outside contractor, provide security firm name(s):
5. Are employee background checks conducted? Yes No
6. Are physicals required after offers of employment are made? Yes No
Are physicals required prior to work release? Yes No
7. Do employees carry firearms? Yes No
If Yes, are employees trained to carry firearms? Yes No
8. Does the applicant have an evacuation plan for its employees for emergency medical? Yes No
Does the applicant have an evacuation plan for its employees for political instability? Yes No
If Yes, describe:
9. Does the applicant provide non-work related medical insurance for USNs? Yes No
Does the applicant provide non-work related medical insurance for TCNs? Yes No
Does the applicant provide non-work related medical insurance for LCNs? Yes No
If Yes, indicate the carrier:
10. Are medical facilities available at or near worksite(s)? Yes No
If Yes, please describe:

F. LOSS HISTORY

1. In the past 5 years have you experienced any DBA-specific losses? Yes No
If Yes, provide the current information:
> A current DBA loss run history from your current carrier
> Any prior loss runs from prior carriers (if any) in the past 5 years
> Total DBA remuneration for the past 5 years
> Details of any large losses over \$50,000



FRAUD WARNINGS

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: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. However, if a policy is later issued, this form shall be the basis of and become part of the contract. The undersigned applicant warrants that to the best of his or her knowledge the statements set forth herein are true. The applicant further warrants that if the information supplied on the application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company in writing of any change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance.

Applicant Signature:

Name:

Title:

Date:

Broker Signature:

Name:

Title:

Date: