

Defense Base Act Insurance Application

Applicant	_____	Contact	Global Underwriters
Contact	_____	Mailing Address	3195 Linwood Avenue, Suite 201
Mailing Address	_____	City, State, ZIP	Cincinnati, Ohio 45208
City, State, ZIP	_____	E-Mail Address	specialrisk@globalunderwriters.com
E-Mail Address	_____	Phone Number	513-533-1500 / 1-800-423-8496
Phone Number	_____		

A. POLICY INFORMATION

1. Applicant Organization: Individual Partnership Corporation LLC Other _____
2. Proposed Effective Date: _____ Proposed Expiration Date: _____
MM/DD/YYYY MM/DD/YYYY

B. CONTRACT INFORMATION

1. Type of Contract: Dept. of State Dept. of Defense Dept. of Justice Other _____
2. Is Applicant primary contractor? YES NO If NO, indicate name of primary contractor:

3. Did Applicant obtain a written waiver from the Department of Labor for non U.S. employees?
Third Country Nationals*: YES NO If YES, attach copy of waiver
Local Nationals*: YES NO If YES, attach copy of waiver

4. **Description of Contract(s)** - Indicate Contract operations; Contract duration; new bid or renewal of existing Contract; estimated Contract value; and Contract number. **ALSO, PLEASE ATTACH A STATEMENT OF WORK WITH THIS APPLICATION.**

C. REMUNERATION (PAYROLL) / EMPLOYEE INFORMATION

Indicate Annual remuneration or Contract remuneration, whichever is less.

Job Classification	Remuneration (Payroll) for U.S. Nationals*	Number of U.S. Nationals	Remuneration (Payroll) for Third Country Nationals (TCNs)*	Number of TCNs	Remuneration (Payroll) for Local Nationals*	Number of Local Nationals
Totals						

*U.S. National: Any U.S. Citizen or legal resident of the United States.

*Third Country National: Any employee hired for jobs outside their home country.

*Local National: Any employee hired for jobs inside their own country.



Per Person - Travel Weeks - Indicate Travel to overseas military bases or DBA contract worksite(s) by U.S. based and/or other employees not included in Remuneration above:

Job Classification	DBA Worksite Location(s)	Per Person - Travel Weeks

- One travel week equals 7 consecutive days or any part thereof (i.e.: 12 day trip equals 2 travel weeks).
- Per Person - Travel Weeks is the number of travel weeks for each person (i.e.: 2 employees traveling for 12 days = 4 travel weeks).
- Employees who get mandatory R&R time (i.e.: One month on / one month off) and are otherwise assigned full time to a Contract should be included in Remuneration/Employee Information, not Per Person - Travel Weeks.

D. COUNTRY LOCATIONS/JOB SITES

Indicate the total number of employees by Country and City/Site

Country*	City/Site	Number of U.S. Nationals	Number of TCNs	Number of Local Nationals

*For Iraq, break down number of employees by North of 36th parallel, Between 36th & 33rd parallel, and South of 33rd parallel.

E. EMPLOYEE CONCENTRATION: Indicate the maximum number of employees on each conveyance and at each location, indicated below.

Conveyance and Location	Maximum Number of US Nationals	Maximum Number of TCNs	Maximum Number of Local Nationals	Indicate details of land and water travel, number of flights, Work Site and Sleeping Quarters location.
Land (Auto/Bus)				
Air Travel				
Water Travel				
Work Site				
Sleeping Quarters				

For Air Travel, indicate the total number of commercial flights: _____ (One (1) flight equals one takeoff and landing)



F. GENERAL INFORMATION

- 1. Does Applicant own, operate or lease aircraft?
2. Any work performed underground or above 15 feet?
3. Are sub-contractors used?
4. Does Applicant require Certificates of DBA Insurance from all sub-contractors?
5. Security provided by:
6. Are Physicals required after offers of employment are made?
7. Does Applicant have an evacuation plan for U.S. Nationals and TCNs for emergency medical?
8. Does applicant provide non work related Medical Insurance for:

G. LOSS HISTORY

Have you had any previous DBA Insurance in the last 5 years?
IF YES, PLEASE PROVIDE A LOSS RUN WITH THIS APPLICATION. (Give details of any Large Loss over \$50,000)

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND {NY: SUBSTANTIAL} CIVIL PENALTIES.

Applicant Signature _____ Date _____
Name _____
Title _____