



DEFENSE BASE ACT APPLICATION

Section 1 GENERAL INFORMATION

Name of Insured: _____

Address: _____

Designated Contact (Risk Manager, etc)

Name: _____ Title: _____

Telephone: _____ Email: _____

A.	Insurance Brokerage Firm Name and Address: _____
B.	Insurance Brokerage Firm Contact: _____
C.	Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other _____
D.	Effective Date: _____
E.	Current Carrier and Premium: _____
F.	Any DBA losses within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe or provide loss runs:</i> _____

Section 2 CONTRACT INFORMATION

A.	Contract # or Request for Proposal (RFP) #: _____
B.	Did Applicant obtain a written waiver from the Department of Labor for non U.S. employees? Third Country Nationals (TCN) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach copy of waiver</i> Local Nationals <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach copy of waiver</i>
C.	Description of Contract(s) and Operations: _____

Section 3 EMPLOYEE INFORMATION

* Any Citizen or legal resident of the United States or any person hired in the United States

Job Classification	# of US Nationals*	Payroll for US Nationals*	# of TCNs	Payroll for TCNs	# of Local Nationals	Payroll for Local Nationals
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Section 4 LOCATION INFORMATION

Country	City / Name of Military Base	# of US Nationals	# of TCNs	# of Local Nationals
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____



Section 5 ADDITIONAL INFORMATION

A. What type of transportation will the employees be taking to get to the country? (Commercial aircraft, Military aircraft, Helicopter, etc.) **Please describe and include any concentration of employees:**

Country

1.	_____
2.	_____
3.	_____
4.	_____

B. What type of transportation is provided to get the employees to and from the work site? (Aircraft, Boat, Automobile, etc.) **Please describe and include any concentration of employees:**

Country

1.	_____
2.	_____
3.	_____
4.	_____

C. What type of housing is provided for the employees?

Country

1.	_____
2.	_____
3.	_____
4.	_____

D. Is housing located on or off the military base? On Base Off Base **Please describe any concentration of employees:**

Country

1.	_____
2.	_____
3.	_____
4.	_____

E. What type of security is provided for the employees both on and off the base and during transportation? **Please describe:**

Country

1.	_____
2.	_____
3.	_____
4.	_____

F. Have you utilized the services of any crisis management security firms to prepare your employees for their work abroad?
 Yes No **If yes, please describe:** _____

G. Describe any other security measures or precautions that will be implemented: _____

Signature: _____ Title: _____ Date: _____

FOR THE PURPOSES OF THIS APPLICATION, THE AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) AND ENTITY(TIES) PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE AND SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.