

DEFENSE BASE ACT APPLICATION

| Section 1 | | Name of Insured | : | | | | | |
|------------|--|-----------------------------|-----------------|--------------------|---------------|----------------|------------|-------------|
| | | Address: | | | | | | |
| (| GENERAL | | | | | | | |
| INF | ORMATION | Designated Cont | act (Risk Manag | er. etc) | | | | |
| | | Name: Title: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Α. | Insurance Bro | okerage Firm Name and Ac | ldress: | | | | | |
| , ··· | modrance bro | merage i minitame and me | | | | | | |
| В. | Insurance Bro | okerage Firm Contact: | | | | | | |
| C. | Type of Business: Individual Joint Venture Corporation Limited Liability Corporation Other | | | | | | | |
| D. | | e: | | | | | | |
| E. | Current Carri | er and Premium: | | | | | | |
| F. | Any DBA loss | es within the last 5 years? | ☐ Yes ☐ No | If yes, please des | cribe or prov | ide loss runs: | | |
| | , | , | | ., ,, | • | _ | | |
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| | Section 2 | | | | | | | |
| | CONTRACT | | | | | | | |
| IN | IFORMATION | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| A. | Contract # o | r Request for Proposal (RF | P) #: | | | | | |
| В. | Did Applicant obtain a written waiver from the Department of Labor for non U.S. employees? | | | | | | | |
| | Third Country Nationals (TCN) Yes No If yes, attach copy of waiver | | | | | | | |
| | Local Nationals | | | | | | | |
| C. | Description of Contract(s) and Operations: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Section 3 | Job | # of US | Payroll for | # of TCNs | Payroll for | # of Local | Payroll for |
| EMPLOYEE | | Classification | Nationals* | US Nationals* | | TCNs | Nationals | Local |
| EIVIPLOYEE | | | | | | | | Nationala |

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 | # of TCNs | # of Local |
|---------|------------------------------|-----------|-----------|------------|
| | | Nationals | | Nationals |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |



Section 5 ADDITIONAL INFORMATION

| Country | A. | What typ | al aircraft, Military aircraft, | | | | | | | |
|---|------------|---|--|--------------------------------|--|--|--|--|--|--|
| 2. 3. 4. | | Country | | | | | | | | |
| 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. | | - | | | | | | | | |
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| Please describe and include any concentration of employees: Country | _ | | | | | | | | | |
| 1. 2. 3. 4. | | | | | | | | | | |
| 2. 3. 4. C. What type of housing is provided for the employees? Country 1. 2. 3. 4. Country 1. 1. 2. 3. 4. Country 1. 1. 2. 3. 4. Country 1. 4. Country 1. 5. 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. Country 1. 4. Country 1. Country | | | | | | | | | | |
| 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. 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. D. D. 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. D. | | | | | | | | | | |
| 4. C. What type of housing is provided for the employees? Country 1. 2. 3. 4. | | - | | | | | | | | |
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| Country 1. | _ | | | | | | | | | |
| 1. 2. 3. 4. | C. | | | | | | | | | |
| 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. E. Have you utilized the services of any crisis management security firms to prepare your employees for their work abroad? F. Have you utilized the services of any crisis management security firms to prepare your employees for their work abroad? | | - | | | | | | | | |
| A. D. Is housing located on or off the military base? | | | | | | | | | | |
| D. Is housing located on or off the military base? | | - | | | | | | | | |
| Country 1. | _ | | | | | | | | | |
| 1. | D. | | • — — — | ny concentration of employees: | | | | | | |
| 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. | | Γ | | | | | | | | |
| 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: | | | | | | | | | | |
| 4. E. What type of security is provided for the employees both on and off the base and during transportation? *Please describe:* Country 1. | | | | | | | | | | |
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| Country 1. | _ | | | | | | | | | |
| 1. | | | | nsportation? Please describe: | | | | | | |
| 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: | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 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: | | | | | | | | | | |
| 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: | г | | untilized the services of any pricis management security firms to prepare your analy | avece for their work abroad? | | | | | | |
| G. Describe any other security measures or precautions that will be implemented: | г. | • | | oyees for their work abroad? | | | | | | |
| | | ☐ 1es [| No ij yes, pieuse uescribe. | | | | | | | |
| | G | Describe any other security measures or precautions that will be implemented: | | | | | | | | |
| Signature: Title: Date: | G. | Describe | any other security measures or precautions that will be implemented. | | | | | | | |
| Signature: Title: Date: | | | | | | | | | | |
| Signature: Title: Date: | I | | | | | | | | | |
| Signature: Title: Date: | | | | | | | | | | |
| -0 | 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.