

## Defense Base Act (DBA) Insurance Application

### APPLICANT INFORMATION

Applicant Name\*: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### BROKER INFORMATION

Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*Applicant must be an officer, owner, or partner*

### A. POLICY INFORMATION

1. Application Organization:

Corporation    Joint Venture    LLC    Individual    Partnership    Other:

2. Proposed Effective Date

Effective: \_\_\_\_\_ Expiration: \_\_\_\_\_

### B. CONTRACT INFORMATION

1. Type of Contract:

Dept. of Defense    Dept of State/U.S. Aid    U.S. Army Corp. of Engineers/JCC    Other:

2. Is the application a primary contractor?

Yes    No   If No, name of primary contractor: \_\_\_\_\_

3. 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, please attach a copy of waiver and copy or proof of alternative form of local workers' compensation insurance.

4. 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) and attach a copy of the contract(s) and statements of work (if a subcontractor, provide contract number(s) of the prime contractor for whom you are working):

**C. REMUNERATION/EMPLOYEE INFORMATION**

Indicate annual remuneration (including all taxable overseas allowances, bonuses, hazardous duty pay, etc. as reportable on the employee's W2 Form; if contract is less than one year indicate remuneration for the contract term)

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

Indicate travel to overseas military bases or DBA contract worksite(s) by U.S.-based and/or other employees not included above:

Country	City, State or Military Base	Job Classification/Duties	DBA Worksite Location	Person-Weeks

> One travel week equals 7 consecutive days or any part thereof, i.e. 12-day trip equals 2 travel weeks.  
 > Person-Weeks is the number of travel weeks per person, i.e. 2 employees traveling for 12 days = 4 travel weeks or 2 travel weeks per person.

**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 the percentage of total contact 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 Contractors  U.S. Military

If security is provided by an outside contractor, provide security form 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. 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: \_\_\_\_\_

8. 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: \_\_\_\_\_

**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 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 TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK 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 INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA 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 INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT 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 MAY BE 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:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Broker Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_