



DEFENSE BASE ACT (DBA) INSURANCE APPLICATION

Named Insured: _____
 Mailing Address: _____
 Year Business Started: _____
 Website: _____
 Other Named Insureds: _____

POLICY INFORMATION

Applicant Organization: Individual Partnership Corporation LLC Other
 Proposed Effective Date: _____ Proposed Expiration Date: _____

CONTRACT INFORMATION

Type of Contract: U.S. Army Corp. of Eng. Dept. of Defense Dept. of Justice Other: _____
 Is Applicant Primary Contractor? Yes No If No, Name Primary Contractor: _____
 Did Applicant Obtain a Written Waiver from the Department of Labor for Non U.S. Employees?
 Third Country Nationals? Yes No If Yes, Attach a Copy of Waiver
 Local Nationals? Yes No If Yes, Attach a Copy of Waiver

Description of Contracts

Contract Operations	Contract Duration	New Bid or Renew of Existing Contract	Estimated Contract Value	Contract #

REMUNERATION/EMPLOYEE INFORMATION

Annual Remuneration or Contract Remuneration - Whichever is Less

Job Classification	Remuneration U.S. Nationals	# of U.S. Nationals	Remuneration TCNs	# of TCNs	Remuneration Local Nationals	# of Local Nationals
Totals						

Per Person – Travel Weeks - 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, such as 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.

COUNTRY LOCATIONS/JOB SITES

Indicate Total Number of Employees by Country and City/Site

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

*For Iraq breakdown number of employees by North 36th parallel, between 36th and 33rd parallel, and South of 33rd parallel.

EMPLOYEE CONCENTRATION

Indicate the Maximum Number of Employees on Each Conveyance and at Each Location, Indicated Below.

Conveyance and Location	Max # of U.S. Nationals	Max # of TCNs	Max # of Local Nationals	Please Indicate the Following:
Land (Auto/Bus)				Details:
Air Travel				# of Flights:
Water Travel				Details:
Work Site				Location:
Sleeping Quarters				Location:

Total Number of Commercial Flights for Air Travel (one flight equals one take off and landing): _____

GENERAL INFORMATION

Does Applicant Own, Operate or Lease Aircraft? Yes No

If Yes, Describe Aircraft and Frequency of Use to Transport Employees Covered Under This Policy: _____

Any Work Performed Underground or Above 15 Feet? Yes No

If Yes, Describe: _____

Are Subcontractors Used? Yes No If Yes, Give % of Total Contract Value Subcontracted: _____

Does Applicant Require Certificates of DBA Insurance From All Subcontractors? Yes No

Any subcontractor used must procure DBA coverage or the subcontractor's employees could legally fall under your DBA liability if the subcontractor is unable to pay benefits due to an injured subcontractor employee.

Is Security Provided by Employees, Outside Contractor(s) or U.S. Military? _____

If Outside Contractor, Give Name(s): _____

Are Physicals Required After Offers of Employment are Made? Yes No

Are Physicals Required Prior to Work Release? Yes No

Does Applicant Have an Evacuation Plan for U.S. Nationals and TCNs for Emergency Medical? Yes No

If Yes, Describe: _____

Does Applicant Have an Evacuation Plan for U.S. Nationals and TCNs for Political Instability? Yes No

If Yes, Describe: _____

Does Applicant Provide Non Work Related Medical Insurance For:

U.S. Nationals? Yes No TCNs? Yes No Local Nationals? Yes No

If Yes, Indicate Carrier: _____

PREMIUM AND LOSS HISTORY – DBA

Year	Premiums Paid	Losses Paid	Outstanding	Number of Claims

HARD COPY LOSS STATISTICS FROM PREVIOUS INSURERS MAY BE REQUESTED.

SPECIAL INFORMATION

Present Insuring Company: _____ Provide Copies of Current Policies if Available.

Has any Company ever Cancelled Insurance for this Owner? Yes No

If Yes, with what Company and on what Terms? _____

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage terms and conditions offered by ISR may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to insurance.

Any persons who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____ Date: _____
Print Name: _____ Title: _____



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