



## Defense Base Act Insurance Application

Applicant _____	Producer Name	Travel Insurance Center
Contact _____	Contact	_____
Mailing Address _____	Mailing Address	8420 W. Dodge Rd., Ste. 510
City, State, ZIP _____	City, State, ZIP	Omaha, NE 68114
E-Mail Address _____	E-Mail Address	sales@travelinsurancecenter.com
Phone Number _____	Phone Number	866.979.6753 / 402.343.3699

**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.**

\*\*\*The U.S. Department of Labor Waiver of Defense Base Act for Guam has changed effective 5/6/20. Please include any DBA contracts in Guam and the Payroll Exposure\*\*\*

**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
<b>Totals</b>						

\*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 36<sup>th</sup> parallel, Between 36<sup>th</sup> & 33<sup>rd</sup> parallel, and South of 33<sup>rd</sup> 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 \_\_\_\_\_