



Fax Application To: 402-343-9959

Defense Base Act Insurance Application

Applicant		Producer Name	Travel Insurance Center
Contact		Contact	
Mailing Address		Mailing Address	8420 West Dodge Road, 5th Floor
City, State, ZIP		City, State, ZIP	Omaha, NE 68114
E-Mail Address		E-Mail Address	info@travelinsurancecenter.com
Phone Number		Phone Number	866-979-6753

A. POLICY INFORMATION

1. Applicant Organization Individual Partnership Corporation LLC Other
2. Proposed Effective Date _____ Proposed Expiration Date _____

B. CONTRACT INFORMATION

1. Type of Contract: US Army Corp. of Eng. 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

C. REMUNERATION/EMPLOYEE INFORMATION

-Indicate Annual remuneration or Contract remuneration - whichever is less

Job Classification	Remuneration US Nationals*	Number of US Nationals	Remuneration TCNs	Number Of TCNs	Remuneration Local Nationals	Number of Local Nationals
Totals						

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

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Per Person - Travel Weeks - Indicate Travel to overseas military bases or DBA contract worksite(s) by US 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.

D. COUNTRY LOCATIONS/JOB SITES _____ - (Indicate the total number of employees by Country and City/Site)

Country*	City/Site	Number of US Nationals	Number of TCNs	Number of Local Nationals

*(For Iraq breakdown number of employees by North of 36th parallel, Between 36th & 33rd parallel, and South of 33^d 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 (Yes/No)? _____
If Yes, describe aircraft and frequency of use to transport employees covered under this policy: _____
2. Any work performed underground or above 15 feet (Yes/No)? _____
If Yes, Describe _____

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3. Are sub-contractors used (Yes/No)? _____ If Yes, give % of total Contract value sub-contracted. _____
4. Does Applicant require Certificates of DBA Insurance from all sub-contractors (Yes/No)? _____
(Any sub-contractor you use must procure DBA coverage or the sub-contractor's employees could legally fall under your DBA liability if the subcontractor is unable to pay the benefits due to an injured subcontractor employee).
5. Is Security provided by Employees, Outside Contractor(s), or US Military? _____
If Outside Contractor, give name(s) _____
6. Are Physicals required after offers of employment are made (Yes/No)? _____ Prior to work release (Yes/No)? _____
7. Does Applicant have an evacuation plan for US Nationals and TCNs for emergency medical (Yes/No)? _____
Political instability (Yes/No)? _____ If Yes, describe _____
8. Does applicant provide non work related Medical Insurance for:
US Nationals (Yes/No)? _____ TCNs (Yes/No)? _____ Local Nationals (Yes/No)? _____
If Yes, indicate carrier _____

G. LOSS HISTORY - Indicate DBA loss experience for the past five years

Valuation Date	Year	Total Remuneration	Paid Amount	Reserved Amount	Total
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

- 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. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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. (Not applicable in CO, HI, NE, OH, OK, OR, TN, _____ or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

Applicant Signature _____ Date _____

Name _____

Title _____

Producer Signature _____ Date _____