



For a DBA quote you will need to complete this form in its entirety and provide:

- A copy of the contract; or
- A copy of the scope of work with specific details of the work your employees will be doing. (If you are not doing all parts of the SOW please mention only what you are doing.)
- Confirmation of your claims history on previous DBA policies is required to apply for this coverage. If you had no losses over the past 5 years, please provide written confirmation in the form of the example below:

RE: NO KNOWN LOSSES STATEMENT BY NAMED INSURED

NAMED INSURED: _____

Policy Types: Defense Base Act Insurance

To Whom It May Concern:

No Known Losses: Neither we nor _____
 or any of the other insured or covered persons under policy listed above, have
 any knowledge of any threat, incident, injury, insured event or loss as stated from
 the date of this letter or for the previous 5 years.

 PRINT NAME AND TITLE

 SIGNATURE

 DATE

I. GENERAL INFORMATION:

Date of application: _____ Mailing Address: _____
 Organization Name: _____
 Contact Name: _____ US Contact Name: _____
 Email Address: _____ Email Address: _____
 Phone Number: _____ Phone Number: _____
 Nature of Business Operations: _____

II. POLICY INFORMATION:

1. **Applicant Organization:**
 Individual Partnership Corporation LLC Joint Venture Not for Profit Other: _____
 2. **Years in Business:** _____
 3. **Proposed Effective Date:** _____ 4. **Proposed Expiration Date:** _____

III. CONTRACT INFORMATION:

1. **Type of Contract:**
 US Army Corp. of Eng. DOD DOJ USAID State Department 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? If Yes, attach copy of waiver**
 Third Country Nationals: YES NO Local Nationals: YES NO
 4. **Contract # or Request for Proposal (RFP)#:** _____
 5. **Length of Contract (Please provide dates):** _____

6. **Description of Contract(s)** - Indicate contract operations; contract duration; new bid or renewal of existing contract; and estimated contract value.
ALSO, PLEASE ATTACH A STATEMENT OF WORK WITH THIS APPLICATION.

7. **Country:** _____ **Name of Military Base:** _____

IV. EMPLOYEE INFORMATION:

8. **Remunerations / Payrolls:** Indicate Annual remuneration or Contract remuneration, whichever is less.

Job Classification	U.S. Nationals*		Third Country Nationals (TCNS)*		Local Nationals*		State or Country Hire
	Annual Remuneration (Payroll)	Number of Employees	Annual Remuneration (Payroll)	Number of Employees	Annual Remuneration (Payroll)	Number of Employees	

***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.

9. COUNTRY LOCATION/ JOB SITE: INDICATE THE TOTAL NUMBER OF EMPLOYEES BY COUNTRY AND CITY/SITE

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

*For Iraq, break down number of employees by North of 36th parallel, Between 36th & 33rd parallel, and South of 33rd parallel.

10. EMPLOYEE CONCENTRATION: Indicate the maximum number of employees on each conveyance and at each location,

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				
Housing sites / Sleeping Quarters				

For Air Travel, indicate the total number of commercial flights: _____ (One (1) flight equals one takeoff and landing)

- What type of housing is being provided for the employees? _____
- Is housing located on or off the military base? _____
- What type of transportation is being provided to get the employees to and from the workplace? (commercial aircraft, military aircraft, helicopter, etc):
Please explain: _____
- What type of security is provided for the employees both on / off base and during transportation?
Please explain: _____
- Describe any other security measures or precautions that will be implemented:

V. 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 sub-contractors used? YES NO If YES, give % of total Contract value sub-contracted: _____
- 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).
- Security provided by: Employees Outside Contractor(s) U.S. Military _____
If Outside Contractor, give name(s) _____

6. Are Physicals/Medical Check-up required after offers of employment are made? YES NO Prior to work release? YES NO
7. Does Applicant have an evacuation plan for U.S. 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:
U.S. Nationals: YES NO TCNs: YES NO Local Nationals: YES NO
If YES, indicate carrier: _____

VI. LOSS HISTORY:

Have you had any previous DBA experience in the last 5 years? YES NO

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. 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: _____

You may submit your completed application by email to nok@dbaasiasolution.com

DBA Asia Insurance Solutions
Nok Leung

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