



# Allied World Defense Base Act Application

Contract Number is required  NEW  RENEWAL  CONTRACT OR SOLICITATION NUMBER

EFFECTIVE DATE  EXPIRATION DATE

NAMED INSURED

MAILING ADDRESS

CONTACT

EMAIL ADDRESS

BUSINESS WEBSITE

BROKERAGE

ADDRESS

CONTACT

EMAIL  PHONE

APPLICANT ORGANIZATION  INDIVIDUAL  PARTNERSHIP  CORPORATION  LLC  OTHER

## LIMITS OF INSURANCE REQUESTED: EMPLOYERS LIABILITY AND REPATRIATION

|   |             |
|---|-------------|
| BODILY INJURY BY ACCIDENT EACH ACCIDENT       | \$1,000,000 |
| BODILY INJURY BY DISEASE EACH EMPLOYEE        | \$1,000,000 |
| BODILY INJURY BY DISEASE POLICY LIMIT         | \$1,000,000 |
| REPATRIATION LIMIT OF LIABILITY EACH EMPLOYEE | \$1,000,000 |

PRIMARY CLASS OF OPERATIONS

DESCRIPTION OF BUSINESS OPERATIONS  
Be clear as to what is being performed.

YEARS IN BUSINESS

CONTRACT OPERATIONS  
(Please attach statement(s) of work(s) with your submission or any contract schedule supplements)

CONTRACTING ENTITY  
(USACE/DOS/DOD/ETC)

CONTRACT DURATION (S)

CONTRACT VALUE (S)

# Defense Base Act Application (continued)

CONTRACT REQUIRES DUTIES ABOVE OR BELOW GROUND IN EXCESS OF 15FT? If yes, describe

YES  NO

ANY CONTRACTOR DUTIES PERFORMED ARMED? If yes, describe

YES  NO

HAS THE APPLICANT OBTAINED A WRITTEN WAIVER FROM THE U.S. DEPARTMENT OF LABOR FOR NON-US NATIONALS? If yes, please provide waiver (s)

YES  NO

PREVIOUS DBA EXPERIENCE? If yes, describe

YES  NO

ANY BANKRUPTCIES OR FINANCIAL REORGANIZATION IN THE LAST 5 YEARS? If yes, describe

YES  NO

ANY INSURANCE POLICIES CANCELLED OR NON-RENEWED IN THE LAST 5 YEARS? If yes, describe

YES  NO

DESCRIBE ACQUISITION AND/OR DIVESTITURE HISTORY

IS THE APPLICANT THE PRIMARY CONTRACTOR? If not, provide name of the primary contractor

YES  NO

ARE SUBCONTRACTORS USED? If yes, describe

YES  NO

IF YES, HAS SUBCONTRACTOR PROVIDED EVIDENCE OF DEFENSE BASE ACT INSURANCE? Describe

YES  NO

WHAT PERCENTAGE OF THE TOTAL CONTRACT VALUE IS SUBCONTRACTED OUT?

IF YES, WHAT DUTIES ARE SUBCONTRACTED OUT?

# Defense Base Act Application (continued)

ANY NON WAR HAZARD LOSSES  
IN THE LAST 5 YEARS?  
(Please provide loss runs)  
If yes, describe

YES  NO

PLEASE PROVIDE HISTORICAL  
EXPOSURES BY YEAR.  
(Break out by contract and  
class, where applicable)

| Year | Total Payroll |
|------|---------------|
|      |               |
|      |               |
|      |               |
|      |               |
|      |               |

| Loss Valuation Date | Policy Term/Carrier | Paid | Reserved | Incurred |
|---------------------|---------------------|------|----------|----------|
|                     |                     |      |          |          |
|                     |                     |      |          |          |
|                     |                     |      |          |          |
|                     |                     |      |          |          |
|                     |                     |      |          |          |

GIVE DETAILS OF ANY LOSSES  
IN EXCESS OF \$50,000

## PERMANENT EMPLOYEES FOR ADDITIONAL INFORMATION ON THIS SECTION SEE THE VIDEO LINK

- \* Indicate annual remuneration or contract remuneration
- \* Indicate the total number of employees by country and city/site
- \* Provide supplemental exposure breakouts where applicable

This section represents the payroll for your employees. Under "REMUNERATION" indicate the payroll in USD for each category of worker and classification (US National, Third Country National, or Local Nationals)

| COUNTRY | JOB CLASS/<br>FUNCTION | REMUNERATION USNS | # OF USNS | REMUNERATION TCNS | # TCNS | REMUNERATION LNS | # LNS |
|---------|------------------------|-------------------|-----------|-------------------|--------|------------------|-------|
|         |                        |                   |           |                   |        |                  |       |
|         |                        |                   |           |                   |        |                  |       |
|         |                        |                   |           |                   |        |                  |       |
|         |                        |                   |           |                   |        |                  |       |
|         |                        |                   |           |                   |        |                  |       |

## EMPLOYEE CONCENTRATION

Indicate the maximum number of employees for each form of conveyance and location below.

TOTAL NUMBER OF COMMERCIAL FLIGHTS (One (1) flight equals one takeoff and landing)

| CONVEYANCE AND LOCATION | UNITED STATES NATIONALS (USNS) | THIRD COUNTRY NATIONALS (TCNS) | LOCAL NATIONALS (LNS) | 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       |                                |                                |                       |  |

## WORKFORCE DETAILS

### HOUSING

|   |  |
|---|--|
| WHO PROVIDES HOUSING FOR THE EMPLOYEES?             |  |
| WHAT TYPE OF HOUSING IS PROVIDED FOR THE EMPLOYEES? |  |
| IS HOUSING ON OR OFF THE MILITARY BASE?             |  |
| LIST THE LOCATIONS OF THE HOUSING:                  |  |

### JOB SITE

|  |  |
|--|--|
| HOW ARE THE EMPLOYEES TRANSPORTED TO THE COUNTRY?  |  |
| HOW ARE EMPLOYEES TRANSPORTED TO THE JOB SITE?   |  |
| WHAT IS THE APPROXIMATE DISTANCE TRAVELED?   |  |
| DESCRIBE THE SECURITY MEASURES AT EACH JOB SITE  |  |
| IS THE SECURITY PROVIDED BY EMPLOYEES OUTSIDE SECURITY OR US MILITARY? IF OUTSIDE SECURITY, PROVIDE NAME:  |  |
| DESCRIBE SECURITY MEASURES DURING TRANSPORTATION OF EMPLOYEES  |  |
| DESCRIBE MEDICAL FACILITIES AT JOB AND HOUSING SITE  |  |
| DOES THE APPLICANT HAVE AN EVACUATION PLAN IN PLACE?   |  |
| DOES THE APPLICANT OWN, OPERATE OR LEASE AIRCRAFTS (YES/NO)?<br>If Yes, describe the aircraft and frequency of use to transport employees covered under this policy. |  |

### WORKFORCE/HIRING PRACTICE:

|  |  |
|--|--|
| WHERE AND WHEN WAS THE WORK FORCE HIRED?   |  |
| NUMBER OR PERCENTAGE OF NEW EMPLOYEES HIRED FOR THIS CONTRACT  |  |
| NUMBER OR PERCENTAGE OF EXISTING EMPLOYEES WORKING ON THIS CONTRACT  |  |
| DESCRIBE THE HIRING CRITERIA AND NEW EMPLOYEE TRAINING PROGRAM<br>Provide details of pre-employment physicals, security screening procedures, skills and experience evaluation, MVA check, etc |  |

# Defense Base Act Application (continued)

As used above:

U.S. Citizens/U.S. Hires (USN): U.S. Citizens are defined as citizens of the United States of America wherever hired and U.S. Hires are defined as non-U.S. citizens whose contract of hire was entered into in the United States of America.

Third Country Nationals (TCN) are defined as non-U.S. Citizens hired to work outside their respective country of permanent residence or hire if other than the United States of America.

Local Hires/Nationals (LN) are defined as non-U.S. Citizens hired to work within their country of hire or permanent residence.

## Definition of Remuneration:

Remuneration includes wages and payroll. Wages are hereby defined as the money rate at which the service rendered by an employee is compensated by an employer under the contract of hiring in force at the time of the injury, including the reasonable value of any advantage which is received from the employer and included for purposes of any withholding of tax under subtitle c of the Internal Revenue Code of 1954 (relating to employment taxes). The term "wages" does not include fringe benefits, including (but not limited to) employer payments for or contributions to a retirement, pension, health and welfare, life insurance, training, social security or other employee or dependent benefit plan for the employee's or dependent's benefit, unemployment insurance/benefits, or any other employee's dependent entitlement. Unemployment benefits are not paid by the employer pursuant to a contract for hire or for services rendered in employment and shall not be considered as part of wages. Conversely, vacation and holiday pay are included in wage determinations and are considered earnings in the year paid even though they may be received after the date of the injury. Further, the reasonable value of any advantage received from the employer and subject to withholding, including an overseas allowance, incentive compensation, completion award, foreign housing allowance, and cost of living adjustment are included in wage computations.

The undersigned represents that the statements set forth in this application and its attachments and other material submitted to the Insurer are true and correct to the best of his/her/its knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations. It is agreed that this application and any documents or information submitted herewith shall be the basis of the contract should a policy be issued and shall be deemed attached to and forming part of the policy. The signing of this application does not bind the undersigned to purchase the insurance.

The undersigned represents that every effort has been made to facilitate the proper completion of this application. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application. Acceptance of this application does not bind the Insurer to complete the insurance. The undersigned declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any information in this application, will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.

## Please sign and date the application

APPLICANT SIGNATURE

DATE

NAME

TITLE

## NOTICES TO THE APPLICANT

NOTICE TO ARKANSAS 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 AGENCIES."

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 OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

## Defense Base Act Application (continued)

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 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 MEXICO 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 CIVIL FINES AND CRIMINAL 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, 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 OREGON APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD AN INSURER: (1) BY SUBMITTING AN APPLICATION, OR (2) BY FILING A CLAIM CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT, MAY BE VIOLATING STATE LAW."

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 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 TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

NOTICE TO VIRGINIA 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 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR THE 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 ALL OTHER 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."