



Defense Base Act Insurance Application

Applicant _____
Contact _____
Mailing Address _____
City, State, ZIP _____
E-Mail Address _____
Phone Number _____

Producer Name eGlobalHealth Insurers Ag, LLC
Contact Derek Patterson
Mailing Address 650 Cleveland St, Suite 1668
City, State, ZIP Clearwater, FL 33755
E-Mail Address info@GlobalRiskBroker.com
Phone Number 727-204-9193

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
Totals						

*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.



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 36th parallel, Between 36th & 33rd parallel, and South of 33rd 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: _____
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. Security provided by: ☐ Employees ☐ Outside Contractor(s) ☐ U.S. 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 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: _____

G. LOSS HISTORY

Have you had any previous DBA Insurance 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** _____
MM/DD/YYYY

Name _____

Title _____