



ACE International Advantage[®] Application Defense Base Act Program



Applicant Information

Named Insured:

Address:

City:

State: Zip Code:

Contact Name:

Email Address:

Business Website:

Desired Effective & Expiration Dates: -

Requested Quote Date:

Broker Information

Brokerage Name:

Address:

City:

State: Zip Code:

Contact Name:

Phone # Fax#

Email Address:

Have you been appointed with ACE? Yes No

Desired Billing Type: Producer Direct

General Information

Nature of Business:

Federal Employer Identification No.:

Dunn & Bradstreet No. or SS No. :

Years In Business:

Years of Experience (outside U.S.):

Previous DBA Contracts? No Yes

Contract or Request for Proposal (RFP) Information

Contract(s) Status: Cost: \$ Duration: From: To:

Contract OR RFP # (s):

Contract or Statement of Work (SOW) (copy of contract is required prior to binding)

- Attached
 Emailed separately to ACE

Contracting Organization: U.S. Department of:

If other, explain:

Summary of Work and Operations (per contract or (RFP):

Workforce
(Include payroll for subcontractors if subcontractors are to be covered)

U.S. Nationals

Contract # or Name	# Employees	Job Class/Description and/or WC Class code(s)	Payroll by Job class and/or WC Class code(s)	Country	
				Country Code	Country Name

Third Country Nationals

Contract # or Name	# Employees	Job Class/Description and/or WC Class code(s)	Payroll by Job class and/or WC Class code(s)	Country	
				Country Code	Country Name

Local Nationals

Contract # or Name	# Employees	Job Class/Description and/or WC Class code(s)	Payroll by Job class and/or WC Class code(s)	Country	
				Country Code	Country Name

Concentration of Employees

# of Employees	U.S. Nationals		Third Country Nationals		Location Nationals	
	Average	Max	Average	Max	Average	Max
At any single work location						
Per flight to/from country(s)						
Per flight in-country(s)						
On any single ground conveyance						
At any single housing site						

5 Year Loss History (minimum of 3 years)

Provide loss history below or check here to indicate you are providing loss runs on a separate attachment

Policy Year	# Accidents		Total Paid		Total Incurred		Total Reserved	
	War Hazard	Other	War Hazard	Other	War Hazard	Other	War Hazard	Other
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$

Hiring and Workforce Practices for Contract or RFP

Waiver of DBA Benefits

Obtained from U.S. Dept. of Labor for Third Country and/or Local Nationals? Yes [] No []

[] Attached
[] Emailed separately to ACE

New Employee Requirements:

Pre-deployment Physicals: Yes [] No []

Background Check: Yes [] No []

If yes, list items included:

[]

Training? Yes [] No []

If Yes, describe:

[]

Employee Documents passport, social security card:

Stored by Insured's Human Resources Department? Yes [] No [] If yes, location:

- If other, explain:

[]

Firearms

Do you require employees and/or sub-contractors to carry firearms? Yes [] No []

Sub-contractor(s)? Yes [] No [] N/A []

Will purchase DBA insurance separately? Yes [] No [] N/A [] (If no, include sub-contractor information in all application sections including loss history)

- If Yes, certificate(s) of insurance on file with Insured? Yes [] No [] [] Attached [] Emailed separately to ACE

- Without evidence of certificates of insurance, 100% of sub-contractor cost (including payroll) is subject to Insured's DBA rate

At Work Location(s)

At Housing Location(s)

Yes [] No []

[] Attached [] Emailed separately to ACE

Yes [] No []

- If yes, list security services:

[]

Describe:

- If Other, explain:

[]

Describe:

[]

Into/out of country(s):

in-country:

Describe:

[]

Describe:

[]

Describe:

What percentage of work is required to be performed off-base under this contract?

How many employees are hired only for this contract?

What is the average length of deployment?

Maximum length of deployment?

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of
Insured's
Representative:

Signature of
Producer:

Date:

Date: