

Defense Base Act (DBA) New Contract Supplemental Application



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INTERNATIONAL

Named Insured: _____ Policy number: _____

Effective date to add contract: _____

Contract Information

Type of Contract/Contracting Entity: _____

Contract Number: _____ Duration of Contract: _____

Description of Contract (Please attach SOW): _____

Employee/Payroll Information

Job Function/Description	USN Payroll	# of EE's	TCN Payroll	# of EE's	LN Payroll	# of EE's

Countries of Operation

Country	Military Base or City	# of USN's	# of TCN's	# of LN's

Confirm the maximum # of employees traveling per flight (max 5):

Are sub-contractors used? Yes No

If Yes, has sub-contractor provided evidence of DBA insurance? _____

What housing accommodations are provided for employees? _____

What mode of transportation is provided to and from the work site? _____

What kind of security is provided at the work site? _____

What kind of security is provided at the living quarters? _____

What kind of security is provided during transportation? _____

Will employees be required to carry firearms for protection? _____

Please send completed forms to your CNA representative or CNANewBusiness@cna.com