

# Defense Base Act (DBA) Application



We can show you more.®

INTERNATIONAL

Date Quote Needed (mm/dd/yyyy): \_\_\_\_\_ Intended Inception Date (mm/dd/yyyy): \_\_\_\_\_

If CNA writing and/or quoting other coverages, please indicate:

Underwriter Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ SIC: \_\_\_\_\_

Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Nature of Business, Description of Products/Operations (Please attach brochures when available.):  
\_\_\_\_\_  
\_\_\_\_\_

Agency Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_ Producer Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Contract Information

Type of Contract/Contracting Entity: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Duration of Contract: \_\_\_\_\_

Description of Contract (Please attach statement of work): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant obtained a written waiver from the U.S. Department of Labor for non-U.S. Nationals? Yes No

If Yes, please provide a copy of waiver.

Is applicant the primary contractor? Yes No

If No, provide name of the primary contractor: \_\_\_\_\_

### Employee/Payroll Information

Job Function	U.S. Nationals Payroll Exposure	Number of U.S. Nationals	Third Country Nationals Payroll Exposure	Number of Third Country Nationals	Local Nationals Payroll Exposure	Number of Local Country Nationals

### Countries of Operation

Country	Military Base or City	Number of U.S. Nationals	Number of Third Country Nationals	Number of Local Nationals

### Employee Concentration

Conveyance/Location	Maximum Number of U.S. Nationals	Maximum Number of Third Country Nationals	Maximum Number of Local Nationals	Additional details including total number of flights, etc.
Land (Auto/Bus)				
Air Travel				
Water Travel				
Work Site				
Housing				

## General Information

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? \_\_\_\_\_

Describe medical facilities available: \_\_\_\_\_

Describe evacuation plans in place: \_\_\_\_\_

Previous DBA/Work Comp Loss History (Please attach loss run): \_\_\_\_\_

What is the applicant's Workers Compensation Modification Factor? \_\_\_\_\_

Confirm the maximum number of employees traveling per flight (maximum 5): \_\_\_\_\_

**I hereby acknowledge that the aforementioned statements and answers are correct and complete. I further understand that any incorrect or incomplete statement could void my protection. I hereby authorize the CNA Insurance Companies to release the information on this application and associated underwriting information.**

Insured Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

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

