

To submit your application, save the completed form and email to support@wrightusa.com, fax to 302-483-0230, or print and mail to:

Starr Wright USA, 200 Bellevue Parkway, Suite 200, Wilmington, DE 19809

Questions? Call us at 800-424-9801 for assistance.

Defense Base Act Insurance Application

APPLICANT NAME:

CONTACT NAME:

ADDRESS:

TELEPHONE:

E-MAIL ADDRESS:

DATE QUOTE NEEDED:

A. Policy Information

1. Applicant Organization:

CorporationJoint VentureLLCPartnershipIndividualOther

2. Proposed Effective Date:    \_\_\_/\_\_\_/\_\_\_

Proposed Expiration Date:    \_\_\_/\_\_\_/\_\_\_

3. Number of Years in Business

4. Any previous DBA contracts?    Yes    No

B. Contract information

1. Type of Contract:

Department of DefenseUS Army CorpUS Dept. of State/AIDOther

2. Is there a prime contractor?    Yes    No    If yes, indicate prime contractor:

3. Did Applicant qualify for or obtain waiver from Dept. of Labor for:

Third Country Nationals?    Yes    No    Local Nationals?    Yes    No

If yes, attach copy of waiver and confirm in what countries does it apply to and what are alternative benefits for any waived employees:

4. Summary of Contract(s) / Operations - Provide a description of operations, including statement of work from contract, contract duration, and contract number and whether this a bid or renewal of an existing contract:

C. Exposure/Employee Information

Classification	Country	Duties	Annual Remuneration	# of Employees
US Nationals				
Third Country Nationals				
Local Nationals				

Total:

\*Remunerations means all monies paid to covered employees including without limitation salary, overtime, bonuses, and cash allowance of cost of living, board, and lodging.

Classification	Country of Travel	Job Duties	Per Person - Travel Weeks
US Nationals			
Third Country Nationals			
Local Nationals			

- One week travel equals 7 consecutive days or any part thereof i.e. 10 day trip equals two weeks
- Per Person Travel Weeks is the number of travel weeks for each person, i.e. 3 employees traveling for 20 days each equals 9 travel weeks

D. Employee Concentration - Indicate the maximum number of employees on each conveyance or at each indicated below:

Conveyance & Location	Max. Number of US Nationals	Max. Number of TCN's	Max. Number of Locals	Describe frequency and details of conveyance or sits and/or quarters
Land Motor Vehicle				
Air Travel				
Water Travel				
Work Site				
Sleeping Quarters				

E. General Information

1. Do you perform underground, under water or above 15 feet?    Yes    No

If yes, please describe:

2. Are employees:

Tenured OnlyForeign Contracted Only EmployeesIndependent Contractors

If contracted employees, do you hire yourself or use staffing firm?

3. Are subcontractors used?    Yes    No

If yes, what percentage of total contract value is subcontracted?

If yes, does the applicant require certificates of valid DBA insurance from subcontractors or do you need a separate quotation for such contractors?    Certificates required    Separate quotation needed

Any subcontractor or subsequent of any subcontractor at any level must purchase DBA insurance or the subcontractors employees could become your statutory DBA obligation if the subcontractor is unable to pay the benefits to an injured subcontractor employee.

4. Who provides your security?    Employees    Outside Contractors    U.S. Military

5. Do your employees carry firearms?    Yes    No

If yes, describe circumstances and protocols:

6. Are employee personal records maintained (passport, via, identity card, family beneficiaries etc.) for all nationality employees?

7. Are pre-employment physicals conducted?    Yes    No

If yes, are they performed by the employee's physician or by a physician arranged by you?

8. Do you do any additional pre-employment screening over above what is required by CRC? For example, do you do any psychiatric training?

9. Do you require physicals prior and approval for return to duty, on lost time cases?    Yes    No

10. Do you have a Health & Safety Director who investigates and documents work injury incidents?    Yes    No

11. Does the applicant provide employee non-occupational related Medical Insurance for:

US Nationals	Yes	No	If yes, does coverage include medical evacuation?	Yes	No
TCN's	Yes	No	If yes, does coverage include medical evacuation?	Yes	No
Locals	Yes	No			

9. Does applicant have a documented evacuation plan for medical emergency not covered by insurance?    Yes    No

If yes, do you arrange it yourself or do you have a vendor?

10. Do you have medical staff or facilities on site for treatment of employees?

DBA Loss History

Have you experienced any DBA losses over the past five years?    Yes    No

If yes:

- Provide loss run(s) from your current carrier or any prior carrier, dated within the past 60 days documenting losses for the past five years.
- Please give details on any losses exceeding \$100,000
- Provide annual DBA remuneration for the past five years if your losses exceed \$100,000.

F. Financial Information

1. If available, please provide last years audited financials.

Notice: The undersigned applicant warranted that the statements set forth herein are true, and reasonable effort has been made to obtain sufficient information to provide accurate completion of this Application, The applicant further agrees that if the information supplied on the Application changes between the date of this Application and the effective date of the insurance, he/she will, in order for such information to be accurate on the effective date of the insurance, immediately notify the Insurer in writing of such change and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance.

The submission of this Application by the Applicant to the Insurer or signing of the Application by the Applicant does not obligate the Insurer to issue the insurance, It is agreed that this Application shall be the basis of the contract if a policy is issued and shall be deemed to be attached to, incorporated into and become part of, the policy.

Applicant Signature:

Date:

Name:

Title: