

# ACE USA INTERNATIONAL ADVANTAGE® Defense Base Act (DBA) APPLICATION

CUSTOMER \_\_\_\_\_

BROKER/AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

QUOTE NEEDED BY \_\_\_\_\_

CONTACT \_\_\_\_\_

INTENDED INCEPTION \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT	YEARS IN BUSINESS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION		

**To be completed for each contract, RFP, or multi-base contract.**

Contract # or Request for Proposal (RFP) #: \_\_\_\_\_ Please attach Statement of Work.

Length of Contract (Please provide dates): \_\_\_\_\_

Description of the contract and operations (Please forward a copy of the contract if available). \_\_\_\_\_

Country: \_\_\_\_\_ Name of the Military Base: \_\_\_\_\_

	<u>Number of Employees</u>	<u>Payroll Exposure By Occupation(s)</u>	<u>Job Function and/or WC Class Code(s)</u>	<u>State(s) of Hire</u>
U.S. Expatriates:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

	<u>Number of Employees</u>	<u>Payroll Exposure By Occupation(s)</u>	<u>Job Function and/or WC Class Code(s)</u>	<u>Countries(s) of Hire</u>
Third Country Nationals:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Local Nationals:	_____	_____	_____	_____

Has the insured obtained a waiver of DBA benefits for Local National employees from the U.S. Department of Labor? \_\_\_\_\_

**Concentration of Employees:**

For the questions listed below, please advise the average and maximum number of employees.

	<b>U. S. NATIONALS</b>		<b>THIRD COUNTRY NATIONALS</b>	
<b>Number of employees:</b>	Average	Maximum	Average	Maximum
Per work location:				
Per flight:				
Per ground conveyance:				
Per housing site:				

**Housing, Transportation and Security**

What type of housing is being provided for the employees? \_\_\_\_\_

Is housing located on or off the military base? \_\_\_\_\_

What type of transportation is being provided to get the employees to and from the workplace? (commercial aircraft, military aircraft, helicopter, etc.) Please explain: \_\_\_\_\_

What type of security is provided for the employees both on and off base and during transportation? Please explain. \_\_\_\_\_

Describe any other security measures or precautions that will be implemented: \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_