

# Chubb Defense Base Act Application



## Applicant Information

---

Named Insured

---

Address

---

State

Zip Code

---

Contact Name

---

Email Address

---

Business Website

---

Desired Effective & Expiration Dates

Requested Quote Date

---

## Broker Information

---

Brokerage Name

---

Address

---

State

Zip Code

---

Contact Name

---

Phone

Fax

---

Email Address

---

Have you been appointed with Chubb?

Yes

No

---

Desired Billing type

Producer

Direct

## General Information

### Company / Organization Structure:

Nature of Business:	
Federal Employer Identification No.:	Dunn & Bradstreet or SS No.
Years In Business	Years of Experience (outside U.S.):
Previous DBA Contracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Contract or Request for Proposal (RFP) Information

### Contract(s) Status:

Cost \$	From
Duration	To

### Contract OR RFP # (s):

Contract or Statement of Work (SOW) (copy of contract is required prior to binding)	<input type="checkbox"/> Attached
	<input type="checkbox"/> Emailed separately to Chubb
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(s) of Operation

#### 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(s) of Operation

#### 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(s) of Operation

**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) Check here  to indicate no losses

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 Chubb

**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)?*

Sub-contractor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will purchase DBA insurance separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Attached
	<input type="checkbox"/> Emailed separately to Chubb

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

Type of Medical Facilities:	At Work Location(s) Please Select	At Housing Location(s) Please Select
Documented In-country Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Emailed separately to Chubb	
In-country Independent Security Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list security services:		
Security Measures During Employee Transport to Work Location(s):	Please Select	
If Other, explain:		
Security Measures at Housing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe:		
Type of Flights Taken:	Into/out of country(s) Please Select	In-country: Please Select
Transportation Modes to/from Work Location(s):		
Describe:		
Approximate Distance Traveled to Work Location(s):		
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 applicant 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 Chubb, 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  
Applicant's Authorized  
Representative: \_\_\_\_\_  
  
Date: \_\_\_\_\_

Signature of  
Producer: \_\_\_\_\_  
  
Date: \_\_\_\_\_

**Chubb. Insured.<sup>SM</sup>**