

**BRUCE GENDELMAN**  
**INSURANCE SERVICES**

**Confidential Defense Base Act Insurance Application**

Office: 800.845.4145 x 72 Fax: 262.478.1001  
cgoldberg@gendelman.com

Applicant Name	
Contact Phone #	
Mailing Address	
City, State, ZIP	
E-Mail	

**A. POLICY INFORMATION**

1. Applicant Organization    Individual     Partnership     Corporation     LLC     Other
2. Years in business: \_\_\_\_\_ Years experience outside the U.S.: \_\_\_\_\_ Previous DBA contracts: \_\_\_\_\_
3. Applicant is: bidding a contract: \_\_\_\_\_ or has been awarded a contract: \_\_\_\_\_
4. Proposed Effective Date: \_\_\_\_\_ Proposed Expiration Date: \_\_\_\_\_ Date Quote Needed: \_\_\_\_\_

**B. CONTRACT INFORMATION**

1. Type of Contract:  US Army Corp. of Eng.  Dept. of Defense  Dept. of Justice  Other \_\_\_\_\_
2. Is Applicant primary contractor: \_\_\_\_\_ If No, indicate name of primary contractor: \_\_\_\_\_
3. Did Applicant obtain a written waiver from the Department of Labor for non-U.S. employees?  
Third Country Nationals (TCNs): \_\_\_\_\_ **If Yes, attach copy of waiver**  
Local Nationals: \_\_\_\_\_ **If Yes, attach copy of waiver**
4. Please provide contract and or subcontract number: \_\_\_\_\_

**4. Description of Contract(s)** - Indicate Contract operations; Contract duration; new bid or renewal of existing Contract; estimated Contract value; and Contract number:

  
  
  
  

**C. REMUNERATION/EMPLOYEE INFORMATION**-Indicate Annual remuneration or Contract remuneration - whichever is less

Job Classification	Remuneration US Nationals*	Number of US Nationals	Remuneration TCNs	Number Of TCNs	Remuneration Local Nationals	Number of Local Nationals

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Totals					
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\* Any US Citizen or legal resident of the United States or any person hired in the United States.

**Per Person - Travel Weeks** - Indicate Travel to overseas military bases or DBA contract worksite(s) by US based and/or other employees not included in Remuneration above.

Job Classification	DBA Worksite location(s)	Per Person - Travel Weeks

- One travel week equals 7 consecutive days or any part thereof, i.e. 12 day trip equals 2 travel weeks
- Per Person - Travel Weeks is the number of travel weeks for each person, i.e. 2 employees traveling for 12 days = 4 travel weeks.
- Employees who get mandatory R&R time (such as: One month on / one month off) and are otherwise assigned full time to a Contract should be included in Remuneration/Employee Information not Per Person-Travel Weeks.

**D. COUNTRY LOCATIONS/JOB SITES** - (Indicate the total number of employees by Country and City/Site)

Country*	City/Site	Number of US Nationals	Number of TCNs	Number of Local Nationals

\*(For Iraq breakdown number of employees by North of 36<sup>th</sup> parallel, Between 36<sup>th</sup> & 33<sup>rd</sup> parallel, and South of 33<sup>rd</sup> parallel).

**E. EMPLOYEE CONCENTRATION** - Indicate the maximum number of employees on each conveyance and at each location, indicated below.

Conveyance and Location	Maximum Number of US Nationals	Maximum Number of TCNs	Maximum Number of Local Nationals	Indicate details of land and water travel, number of flights, Work Site and Sleeping Quarters location.
Land (Auto/Bus)				
Air Travel				
Water Travel				
Work Site				
Sleeping Quarters				

- For Air Travel indicate the total number of commercial flights \_\_\_\_\_ (One (1) flight equals one takeoff and landing)

**F. GENERAL INFORMATION**

1. Are employees tenured employees of the company: \_\_\_\_\_

If No, are they: independent contractors: \_\_\_\_\_ or hired from Staffing Firm/Placement Agency: \_\_\_\_\_

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2. Are employee background checks conducted: \_\_\_\_\_
3. Are employees' personnel records (passport, visa, payroll) maintained by your HR department: \_\_\_\_\_  
If Yes, please indicate the location (e.g. in the U.S. or at job site): \_\_\_\_\_
4. Are sub-contractors used: \_\_\_\_\_ If Yes, give % of total Contract value sub-contracted: \_\_\_\_\_
5. Does Applicant require Certificates of DBA Insurance from all sub-contractors: \_\_\_\_\_  
(Any sub-contractor you use must procure DBA coverage or the sub-contractor's employees could legally fall under your DBA liability if the subcontractor is unable to pay the benefits due to an injured subcontractor employee).
6. Is Security provided by Employees, Outside Contractor(s), or U.S. Military: \_\_\_\_\_  
If Outside Contractor, give name(s): \_\_\_\_\_
7. Do employees carry firearms: \_\_\_\_\_  
If Yes, are employees trained to carry firearms: \_\_\_\_\_
8. Are Physicals required after offers of employment are made: \_\_\_\_\_ Prior to work release: \_\_\_\_\_
9. Does Applicant have an evacuation plan for U.S. Nationals and TCNs for emergency medical: \_\_\_\_\_  
Political instability: \_\_\_\_\_ If Yes, describe: \_\_\_\_\_
10. Does applicant provide non-work related Medical Insurance for:  
US Nationals: \_\_\_\_\_ TCNs: \_\_\_\_\_ Local Nationals: \_\_\_\_\_  
If Yes, indicate carrier \_\_\_\_\_
11. Are medical facilities available at or near the worksite(s): \_\_\_\_\_  
If Yes, please describe \_\_\_\_\_
11. Does Applicant own, operate, or lease aircraft: \_\_\_\_\_  
If Yes, describe aircraft and frequency of use to transport employees covered under this policy: \_\_\_\_\_
12. Any work performed underground or above 15 feet: \_\_\_\_\_  
If Yes, describe: \_\_\_\_\_

**G. LOSS HISTORY** - Indicate DBA loss experience for the past five years (Valuation Date: \_\_\_\_\_)

Year	Total Remuneration	Paid Amount	Reserved Amount	Total
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

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- Give details of any loss over \$50,000:

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**H. ADDITIONAL INTERNATIONAL COVERAGES**

Employees working overseas are exposed to hazards and illnesses which may not be covered under the DBA law. In these instances, other insurance coverages can be needed.

Are you interested in a quote for Travel Accident Insurance: YES \_\_\_\_\_ NO \_\_\_\_\_?

Are you interested in a quote for Accidental Death and Dismemberment (AD&D): YES \_\_\_\_\_ NO \_\_\_\_\_?

Are you interested in a quote for International Health Coverage: YES \_\_\_\_\_ NO \_\_\_\_\_?

Property, Liability and International Automobile Coverage: YES \_\_\_\_\_ NO \_\_\_\_\_?

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND {NY: SUBSTANTIAL} CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN, or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

Applicant Name: \_\_\_\_\_

Applicant Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producer Name: Christopher J. Goldberg

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

Title: Vice President, Bruce Gendelman Insurance Services