



ONE BLUE HILL PLAZA, SUITE 530,
PEARL RIVER, NY 10965
P: (800) 214 0207
E: MLEHNER@MECHANICGROUP.COM

Defense Base Act Insurance Application

Section A – General Information

| | | | |
|--------------------------|--|---------------------------|--|
| Requested Effective Date | | Requested Expiration Date | |
|--------------------------|--|---------------------------|--|

| | |
|---|--|
| Applicant Name | |
| Entity Type | <i>Individual, Partnership, Corporation, LLC or Other. If Other, explain</i> |
| Primary Contact | |
| Email | |
| Phone | |
| Address | |
| # of Years in Business / Year Organization Founded | |

| |
|--|
| Description of Contract(s), Work or Services. Describe all operations, scope of work and services you provide to others: |
| |

Section B – Workforce / Hiring Practices

| | |
|--|--|
| Where and when did you hire the workforce deployed | |
| % of new employees hired for this contract | |
| % of existing employees working on this contract | |
| Where are remuneration records kept | |
| Describe in as much detail as possible your (1) hiring criteria, (2) training programs, (3) Pre-deployment physical criteria, (4) Pre-deployment background check process and (5) any testing or assessment you do to confirm a prospective employee will be able to perform while deployed. | |
| | |



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Section C – Contract Information

| | |
|---|--|
| Estimated Contract(s) Value (Gross Annual Revenue) | |
| Contract Term (Years) – If multiple leave blank | |
| Estimated Gross Payroll | |
| Estimated 1099 Expense | |
| List Name of U.S. Agency Awarding Contract(s) and U.S. Government Issued Contract Number(s) or Purchase Order Number(s) | |
| What experience does the organization or its principals have in contracts like the ones in which DBA insurance is sought | |
| Are you the Prime Contractor | |
| If No list the name of the Prime Contractor here | |
| Do you use Subcontractors or pay anyone on a 1099 basis | |
| If Yes, describe in detail why, how and for what purpose subcontractors or 1099 non- employed workers are used | |
| <p><i>Warning !! Applicants are generally responsible for DBA insurance for subcontractors unless a subcontractor maintains their own DBA insurance. <u>Insurance being applied for herein DOES NOT cover subcontractors or 1099's unless specifically scheduled and confirmed to you in writing.</u></i></p> | |
| Has the contracting officer or Department of Labor issued a waiver to you for Local Nationals | |



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Section D – Remuneration / Employee Information

Indicate Annual Projected Remuneration and Employee Count by Country

| Country | Remuneration | Number of EE's | Remuneration | Number of EE's | Remuneration | Number of EE's |
|---------|----------------|----------------|-------------------------|----------------|-----------------|----------------|
| | U.S. Nationals | | Third Country Nationals | | Local Nationals | |
| | | | | | | |
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Employee Concentration – Indicate the maximum number of employees on each conveyance or at each location indicated below;

| Conveyance | Max Number of EE's | | |
|---|--------------------|-------------------------|-----------------|
| | U.S. Nationals | Third Country Nationals | Local Nationals |
| Land (Auto / Bus – max per run) | | | |
| Air Travel (max per flight) | | | |
| Air Travel (Private Charter – max per flight) | | | |
| Water Travel (max per trip) | | | |
| Work Site (max at any one work site at any one time) | | | |
| Sleeping Quarters (max at any location at any one time) | | | |



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Section E – Housing Information

| | |
|--|--|
| Who provides housing for employees | |
| What type of housing is provided | |
| Describe security measures at housing sites | |
| Is housing on or off military base | |
| List all housing locations as of the date of this application: | |
| | |

Section F – Historical Claim Information – Loss History

Disclose any DBA claims for the past 5 years that are associated with the contracts for which DBA insurance is being applied for.

| | |
|---|--|
| If Insurer issued claim reports “loss runs” are attached to this application check here | |
| If no claims exist check here | |

| Claimant Name | Country | Date of Claim | Description | Claim Amount |
|---------------|---------|---------------|-------------|--------------|
| | | | | |
| | | | | |
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| | | | | |

| | |
|---|--|
| Applicant | |
| Authorized Representative Name | |
| Applicant Signature <i>(Must be President, CEO, COO or CFO)</i> | |
| Date | |

**** REPRESENTATIONS ****

The undersigned represents that the statements set forth in this application and its attachments and other material submitted to the Insurer are true and correct to the best of his/her/its knowledge and that no material or relevant facts have been suppressed or misstated and agrees that the policy, if issued, will be issued on the reliance of such representations. It is agreed that this application and any documents or information submitted herewith shall be the basis of the contract should a policy be issued and shall be deemed attached to and forming part of the policy. The signing of this application does not bind the undersigned to purchase the insurance. The undersigned represents that every effort has been made to facilitate the proper completion of this application. Acceptance of this application does not bind the Insurer to complete the insurance. The undersigned declares that any occurrence or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any information in this application, will immediately be reported in writing to the Insurer and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any policy issued in reliance upon such information.