



DBA WORKERS' COMPENSATION APPLICATION



For a DBA quote you will need to complete this form in its entirety and provide:

- A copy of the contract
- A copy of the scope of work with specific details of the work your employees will be doing. (If you are not doing all parts of the SOW please mention only what you are doing.)
- Detailed list of payroll by , job assignment, and nationality
- Security measures at work and at living facilities
- Copy of your business license
- Confirmation of your claims history on previous DBA policies is required to apply for this coverage. If you had no losses over the past 5 years, please provide written confirmation in the form of the example below:

[Place on company letterhead]

[DATE]

Clements Worldwide
1301 K Street NW, Suite 1200
Washington, DC 20005

RE: NO KNOWN LOSSES STATEMENT BY NAMED INSURED
NAMED INSURED: [company name]
Policy Types: Defense Base Act Insurance

No Known Losses: Neither we nor [company name], or any of the other insured or covered persons under policy listed above, have any knowledge of any threat, incident, injury, insured event or loss as stated from the date of this letter or for the previous 5 years.

PRINT NAME AND TITLE

SIGNATURE

DATE



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Please complete this form in its entirety.

ORGANIZATION INFORMATION			
Organization name			
Address			
City		State / Province	
Country		Zip/ Postal	
Contact name		Phone	
Title		Email	
Type of organization	Individual Corporation	Partnership Joint Venture	LLC Other: _____
Years in business		Years of experience outside the U.S.	
Proposed effective date (mm/dd/yyyy)		Proposed expiration date (mm/dd/yyyy)	
Date quote needed		Any previous DBA-related contracts or work?	Yes No

CONTRACT INFORMATION			
Type of contract	State Dept.	USAID	DoD U. S. Army Other _____
Is the applicant the prime contractor?	Yes	No. Who the prime contractor is? _____	
Did the applicant obtain a written waiver from the Department of Labor for	Third Country Nationals (TCN)	Local Country Nationals (LCN) <i>*If any, attach copy of waiver and copy of proof of alternative form of local workers' compensation insurance</i>	
Prime contract #		Duration of contract	
Location of project		Estimated contract value	
Subcontract # <i>if applicable</i>			
Description of the scope of work			
Any work performed underground, under water or above 15 feet?	Yes, describe: No		
Are employees tenured employees of the company or are they new hires for this contract?	Tenured New hired	Independent contractors/ 1099 New hired from Staffing Firm/ Placement Agency	
Are subcontractors used?	Yes, describe: No	What percentage of the total is subcontracted?	
		Does the applicant require current certificates of DBA insurance from all subcontractors?	
Security provided by	Employees	U.S. Military	Outside Contractor(s), name: _____
Do employees carry firearms?	Some None	All	Employees are trained to carry fire arms Employees are NOT trained to carry fire arms
Are employee background checks conducted?		Yes	No
Are employees' personnel records (passport, visa, etc.) maintained by your HR department?	Yes, location: No		
Are physicals required after offers of employment are made?	Yes No	Are physicals required prior to work release?	Yes No



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Are employees processed through the CRC or other "readiness" center prior to deployment?	Yes No	Do employees undergo psychiatric pre-screening prior to deployment to hostile zones?	Yes No
Does the applicant have a documented evacuation plan for its employees for emergency medical? <i>(please attach)</i>	Yes, describe: No		
Does the applicant have a documented evacuation plan for its employees for political instability? <i>(please attach)</i>	Yes, describe: No		
Are medical facilities available at or near the worksite(s)?	Yes, describe: No		
Does the applicant provide non-work related medical insurance including evacuation coverage for non-work related medical emergencies for your US Employees?	Yes, describe: No		
Does the applicant provide non-work related medical insurance including evacuation coverage for non-work related medical emergencies for your Third Country Nationals?	Yes, describe: No		
Does the applicant provide non-work related medical insurance including evacuation coverage for non-work related medical emergencies for your Local Nationals?	Yes, describe: No		

HOUSING, TRANSPORTATION AND SECURITY	
What type of housing is being provided for the employees?	
Is housing located on or off the military base?	On Off
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	



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TRANSPORTATION INFORMATION				
Indicate the maximum number of employees on each method of transportation and at each location indicated below:				
# per bus or plane, not total	Maximum Number of US Employees	Maximum Number of TCNs	Maximum Number of LCNs	Indicate Details of Land and Water Travel, Number of Flights, Work Site and Housing Quarters' Location
Land (per Auto/Bus)				
Air Travel (per unit)				
Water Travel				
Work Site				
Sleeping Quarters				
What is the distance (in miles) between the housing quarters and worksite?				
Describe the method of transportation between the housing quarters and worksite:				
Is all work performed on base? Yes No, the percentage of work performed outside is _____				
Does the applicant own, operate or lease aircraft for purposes of executing the contract to be covered? Yes, describe below No				

DBA INSURANCE HISTORY				
In the past 5 years have you had a DBA policy?	Yes	No	In the past 5 years have you experienced any DBA-specific losses?	Yes No
Details of any large losses over \$50,000 (attach details if additional space is needed)				



FRAUD WARNINGS

Notice to applicants: any person who knowingly and with intent to defraud any insurance company or other 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 act, which is a crime and may subject such person to criminal and civil penalties.

NOTICE: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. However, if a policy is later issued, this form shall be the basis of and become part of the contract. The undersigned applicant warrants that to the best of his or her knowledge the statements set forth herein are true. The applicant further warrants that if the information supplied on the application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company in writing of any change, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreements to bind the insurance.

Signature	
Date of application	

After saving this file, submit your completed application and copy of your contract by e-mail:

@ PDF – E-MAIL
request@clements.com

Timeline to procure DBA Insurance:

1. Once you provide a complete submission (all the documents stated in this application), you should be able to receive rates within a few days.
2. When you have your DBA quote and cost is approved, you will need to pay for the coverage. Clements must receive proof of payment and have an email requesting the effective start date of the policy before they can release proof of DBA insurance.

If you have any questions contact us at:
+1.202.872.0060 or 800.872.0067
request@clements.com