



INSURANCE INNOVATORS INCORPORATED

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www.iiigroup.com

**International
Defense Base Act (DBA) Application**

Customer	Broker/Agent
Address	Address
Quote Needed By	Contact
Intended Inception	Phone
	E-mail
	Fax

Individual
 Corporation
 Subchapter "S" Corporation
 Not for Profit
 Partnership
 Joint Venture
 Limited Corporation
 Years in Business: _____

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

Contract# or Request for Proposal (RFP) # _____ Please attach official Statement of Work (SOW) for each contract

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: _____

	Number of Employees	Payroll Exposure By Occupations	Job Function and/or WC Class Code (s)	State(s) Of Hire
U.S. Expatriates				

	Number of Employees	Payroll Exposure By Occupations	Job Function and/or WC Class Code (s)	Country(ies) Of Hire
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.

U.S. NATIONALS

THIRD COUNTRY NATIONALS

Number of Employees:	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