

Defense Base Act Application

DefenseBaseAct.com / Global Underwriters

DOD Contracts Only



Client Name: _____

HQ Street Address: _____

City, State, Zip: _____

DBA Location(s)
Address: _____

Description of
Operations: _____

Duration of
Operations: _____

	U.S. Nationals		3 rd Country Nationals		Local Nationals	
	Payroll Exposure	Number	Payroll Exposure	Number	Payroll Exposure	Number
Total Exposure:						
Max. Employee Concentration*:						
Conveyance Concentration**:						
Land (Auto/Bus):						
Air:						
Water:						

* The greatest number of employees by job shift at a given site or building

** The greatest number of employees present on one trip / carrier

Does applicant check insurance on all (sub)contractors working at the DBA Site? Yes / No

Written waiver from the Department of Labor for Non-US employees (TCNs &/or LNs)? Yes / No
If Yes Please Provide Copy

Describe Security Measures at Each Site Above:
(Fenced compound? Alarm system? CCTV? Armed or unarmed guards?)

Describe Medical Facilities at Each Site Above:
(Number of Doctors, Nurses, Operating Rooms)

Describe any Evacuation Plans in Place:

Please Provide Most Recent Loss Information, if applicable:

Applicant Signature

Date

Application can be faxed to 513-533-1055 or mailed to:

Global Underwriters
3195 Linwood Rd.
Suite 201
Cincinnati, OH 45208
United States