

Chubb Defense Base Act Application



Applicant Information

Named Insured

Address

State

Zip Code

Contact Name

Email Address

Business Website

Desired Effective & Expiration Dates

Requested Quote Date

Broker Information

Brokerage Name

Address

State

Zip Code

Contact Name

Phone

Fax

Email Address

Have you been appointed with Chubb?

Yes

No

Desired Billing type

Producer

Direct

General Information

Company / Organization Structure:

Nature of Business:	
Federal Employer Identification No.:	Dunn & Bradstreet or SS No.
Years In Business	Years of Experience (outside U.S.):
Previous DBA Contracts?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Contract or Request for Proposal (RFP) Information

Contract(s) Status:

Cost \$	From
Duration	To

Contract OR RFP # (s):

Contract or Statement of Work (SOW) (copy of contract is required prior to binding)	<input type="checkbox"/> Attached
	<input type="checkbox"/> Emailed separately to Chubb

Contracting Organization: U.S. Department of:

If other, explain:

Summary of Work and Operations (per contract or (RFP))

Workforce (Include payroll for subcontractors if subcontractors are to be covered)

U.S. Nationals

Contract # or Name	# Employees	Job Class/Description and/or WC Class code(s)	Payroll by Job class and/or WC Class code(s)	Country(s) of Operation

Third Country Nationals

Contract # or Name	# Employees	Job Class/Description and/or WC Class code(s)	Payroll by Job class and/or WC Class code(s)	Country(s) of Operation

Local Nationals

Contract # or Name	# Employees	Job Class/Description and/or WC Class code(s)	Payroll by Job class and/or WC Class code(s)	Country(s) of Operation

Concentration of Employees

# of Employees	U.S. Nationals		Third Country Nationals		Location Nationals	
	Average	Max	Average	Max	Average	Max
At any single work location						
Per flight to/from country(s)						
Per flight in-country(s)						
On any single ground conveyance						
At any single housing site						

5 Year Loss History (minimum of 3 years) Check here to indicate no losses

Provide Loss History below or check here to indicate you are providing loss runs on a separate attachment.

Policy Year	# Accidents		Total Paid		Total Incurred		Total Reserved	
	War Hazard	Other	War Hazard	Other	War Hazard	Other	War Hazard	Other
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$	\$

Hiring and Workforce Practices for Contract or RFP

Waiver of DBA Benefits

Obtained from U.S. Dept. of Labor for Third Country and/or Local Nationals? Yes No
 Attached
 Emailed separately to Chubb

New Employee Requirements

Pre-deployment Physicals Yes No
 Background Check: Yes No
 If yes, list items included:
 Training? Yes No
 If Yes, describe:

Employee Documents (passport, social security card)

Stored by Insured's Human Resources Department? Yes No
 If yes, location:
 If other, explain:

Firearms

Do you require employees and/or sub-contractors to carry firearms? Yes No

Sub-contractor(s)?

Sub-contractor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Will purchase DBA insurance separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, include sub-contractor information in all application sections including loss history.	
If Yes, certificate(s) of insurance on file with Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Attached
	<input type="checkbox"/> Emailed separately to Chubb

Without evidence of certificates of insurance, 100% of sub-contractor cost (including payroll) is subject to Insured's DBA rate

Type of Medical Facilities:	At Work Location(s) Please Select	At Housing Location(s) Please Select
Documented In-country Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/> Emailed separately to Chubb	
In-country Independent Security Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list security services:		
Security Measures During Employee Transport to Work Location(s):	Please Select	
If Other, explain:		
Security Measures at Housing:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe:		
Type of Flights Taken:	Into/out of country(s) Please Select	In-country: Please Select
Transportation Modes to/from Work Location(s):		
Describe:		
Approximate Distance Traveled to Work Location(s):		
Describe:		
What percentage of work is required to be performed off-base under this contract?		%
How many employees are hired only for this contract?		
What is the average length of deployment?	Maximum length of deployment?	

The undersigned authorized officer of the applicant declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or Chubb, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of
Applicant's Authorized
Representative: _____

Date: _____

Signature of
Producer: _____

Date: _____

Chubb. Insured.SM