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Defense Base Act (DBA) APPLICATION

CUSTOMER _____	BROKER/AGENT _____
ADDRESS _____	ADDRESS _____
QUOTE NEEDED BY _____	CONTACT _____
INTENDED INCEPTION _____	EMAIL _____
	PHONE _____
	FAX _____

<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/> NOT FOR PROFIT	YEARS IN BUSINESS
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED CORPORATION		

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

Contract # or Request for Proposal (RFP) #: _____ Please attach Statement of Work.

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: _____

	<u>Number of Employees</u>	<u>Payroll Exposure By Occupation(s)</u>	<u>Job Function and/or WC Class Code (s)</u>	<u>State(s) of Hire</u>
U.S. Expatriates:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

	<u>Number of Employees</u>	<u>Payroll Exposure By Occupation(s)</u>	<u>Job Function and/or WC Class Code (s)</u>	<u>Countries(s) of Hire</u>
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	
	Average	Maximum
Number of employees:		
Per work location:		
Per flight:		
Per ground conveyance:		

Average	Maximum
THIRD COUNTRY NATIONALS	

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 _____