

# DEFENSE BASE ACT (DBA) APPLICATION

## SECTION 1 – Applicant

1. Insured:	
2. Mailing Address:	
3. Quote needed by?	
4. Intended inception date?	
5. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter "S" Corp <input type="checkbox"/> Not for Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Corporation	
6. Years in Business	
7. Contract # or Request for Proposal (RFP) #?	
8. Please attach official Statement of Work (SOW) for each contract.	
9. Length of Contract (Please provide dates):	
10. Description of the contract and operations (Please forward a copy of the contract if available):	
11. Country:	
12. Name of the Military Base:	
13. Period of coverage required?	

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

15.	Number of Employees	Payroll Exposure by Occupations(s)	Job Function and/or WC Class Code(s)	Countries(s) of Hire
Third Country Nationals:				
Local Nationals:				

16. Has the insured obtained a waiver of DBA benefits for Local National employees from the U.S. Department of Labor?	
---	--



### LIG Marine Managers

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701  
(727) 578-2800

[SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)  
[www.LIGMarine.com](http://www.LIGMarine.com)

SECTION 2 – Concentration of Employees

17. For the questions listed below, please advise the average and maximum number of employees.

	U.S. Nationals		Third Country Nationals	
	Average	Maximum	Average	Maximum
Number of Employees:				
Per work location:				
Per flight:				
Per ground conveyance;				
Per housing site:				

SECTION 3–Housing, Transportation and Security

18. What type of housing is being provided for the employees?	
19. Is housing located on or off the military base?	
20. What type of transportation is being provided to get the employees to and from the workplace? (commercial aircraft, military aircraft, helicopter, etc.) Please explain:	
21. What type of security is provided for the employees both on and off base and during transportation? Please explain:	
22. Describe any other security measures or precautions that will be implemented:	

Name (Type or Print Clearly): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LIG Marine Managers**

111 2nd Ave NE, Suite 1101, St. Petersburg, FL 33701  
(727) 578-2800

[SUBMIT@LIGMarine.com](mailto:SUBMIT@LIGMarine.com)  
[www.LIGMarine.com](http://www.LIGMarine.com)