

**Gulf Coast Underwriters GOV Program  
(Government Opportunities Vertical)  
Defense Base Act Application**



Applicant Information	Broker Information
Named Insured:	Brokerage Name:
Address:	Address:
City:                      State:                      Zip Code:	City:                      State:                      Zip Code:
Contact Name:	Contact Name:
Email Address:	Phone#:
Business Website:	Fax#
Desired Effective & Expiration Dates:	Email Address:

<b>General Information</b>
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Nature of Business:

Federal Employer Identification No:

Cag # or SS#:

Years in Business:

Years of Experience (outside U.S):

Previous DBA Contracts?     ☐ No     ☐ Yes

<b>Contract or Request for Proposal (RFP) Information</b>
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Contract(s) Status:                      Cost: \$                      Duration:                      From:                      To:

Contract (or) RFP #(s):

Contract or Statement of Work (SOW) (*copy of contract is required prior to binding*)

☐ Attached                      ☐ Emailed separately to Gulf Coast Underwriters

Contracting Organization: U.S. Department of:

If other, explain:

<b>Workforce</b>
<i>(Include payroll for subcontractors if subcontractors are to be covered)</i>

**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*) Click 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

<b>Hiring and Workforce Practices for Contract RFP</b>
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Type of Medical facilities:

At work location(s):

At housing location(s):

Documented In-country Evacuation Plan? ☐ Yes ☐ No ☐ Attached ☐ Emailed separately to GCU

In-country Independent Security Provided? ☐ Yes ☐ No

If yes, list security services:

Security Measures During Employee Transport to Work Locations(s):

If other, explain:

Security Measures at Housing: Describe:

Approximate Distance Traveled to Work Locations(s):

Type of Housing:

What percentage of work is required to be performed off-base under this contract?

How many employees are hired on for this contract?

What is the average length of deployment?

What is the maximum length of deployment?

The undersigned authorized officer of the corporation 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 us, 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 Insured's Representative:

Date:

Signature of Producer:

Date:

## **Supplemental Questionnaire to Gulf Coast Underwriter's DBA Application**

**Please provide a summary of the typical tasks that would be expected of employee(s):**

(Please be as specific as possible).

**Will employee(s) attend CRC or some other readiness training for deployment overseas?**

**Will employee(s) return to work for your company upon return from overseas assignment?**

**Were employee(s) hired specifically for this job?**

**Will employee(s) be housed on a US military base in country? If not, where?**

**Are the employee(s) being deployed for a full time assignment overseas?**

(If not, please estimate the length of deployment).

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