CHUBB

Chubb Multinational Application
Defense Base Act Program

Applicant Information

Name of Insured

Street Address

City | State | Zip Code

Contact Name

Email Address

Business Website

Desired Effective Date | Desired Expiration Date | Requested Quote Date

Broker Information

Brokerage Name

Street Address

City | 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 ☐ No

Foreign General Liability (Per Occurrence Limit):

☐ **Standard $1,000,000 Per Occurrence:**

☐ **Other:**

Total Estimated **Foreign** Sales / Revenue: **$**

Total Estimated **Foreign** Contract Cost: **$**

Total Estimated **Domestic** Sales / Revenue: **$**

# of Leased / Owned **Foreign** Premises: **$**

List and describe any physical operation overseas such as sales offices, manufacturing facilities, distribution centers, warehouses, etc. (including country):

Foreign Business Auto Coverage (Excess / DID Only):

☐ **Standard $1,000,000 Limit Per Accident:**

☐ **Other:**

of **Foreign** Rentals:

of **Foreign** Owned Autos:

of **Foreign** Non-Owned Autos:

Provide a description of Owned Autos if other than Private Passenger type:

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)

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

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) ☐ Yes ☐ No ☐ N/A

Will purchase DBA insurance separately? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No

☐ Attached

☐ 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?

☐ Yes ☐ No

☐ Attached

☐ Emailed separately to Chubb

In-country Independent Security Provided?

☐ Yes ☐ No

If yes, list security services:

Security Measures During Employee Transport to Work Location(s): **Please Select**

If Other, explain:

Security Measures at Housing:

☐ Yes ☐ 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?

This Application is subject to the state fraud warnings contained in NOTICE TO COMMERCIAL INSURANCE APPLICANTS ALL-5430

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:

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