

Completed DBA Application must returned to Moody Insurance with Statement of Work

APPLICANT INFORMATION

BROKER INFORMATION

Applicant Name*:	<input type="text"/>	Broker Name:	Moody & Associates, Inc.
Address:	<input type="text"/>	Address:	20251 Century Blvd, Suite 425 Germantown, MD 20874
Contact Person:	<input type="text"/>	Contact Person:	<input type="text"/>
Title:	<input type="text"/>	Title:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
E-Mail Address:	<input type="text"/>	E-Mail Address:	<input type="text"/>

*Applicant must be an officer, owner or partner.

A. POLICY INFORMATION

1. Applicant Organization: Corporation Joint Venture LLC Individual Partnership

2. Proposed Effective Date: Proposed Expiration Date:

B. CONTRACT INFORMATION

1. Type of Contract: Dept of Defense Dept of State/U.S. AID U.S. Army Corp. of Engineers/JCC Other

2. Is the applicant a primary contractor? Yes No If No, name of primary contractor:

3. Did the applicant obtain a written waiver from the Department of Labor for:
Third Country Nationals? Yes No Local Country Nationals? Yes No
If Yes, attach copy of waiver and copy of proof of alternative form of local workers' compensation insurance.

4. Description of Contract(s)/Operation(s) – Indicate all overseas contract operations below including contract duration, whether a new bid or renewal of existing contract, contract values, number of years of experience on contract, location(s) and contract number(s) and attach a copy of the contract(s) and statements of work (if a subcontractor, provide contract number(s) of the prime contractor for whom you are working):

C. REMUNERATION/EMPLOYEE INFORMATION

Indicate annual remuneration (including all taxable overseas allowances, bonuses, hazardous duty pay, etc. as reportable on the employee's W2 Form; if contract is less than one year indicate remuneration for the contract term)

Country of Duty	Job Classification/Duties	Annual Remuneration U.S. Nationals (USNs)*	Number of USNs	Annual Remuneration Third Country Nationals (TCNs)	Number of TCNs	Annual Remuneration Local Country Nationals (LCNs)	Number of LCNs

*Any U.S. citizen, legal resident of the U.S. or any person hired in the U.S.

Indicate travel to overseas military bases or DBA contract worksite(s) by U.S.-based and/or other employees not included above:

Country	City, State or Military Base	Job Classification/Duties	DBA Worksite Location	Person-Weeks

> One travel week equals 7 consecutive days or any part thereof, i.e. 12-day trip equals 2 travel weeks.

> Person-Weeks is the number of travel weeks per person, i.e. 2 employees traveling for 12 days = 4 travel weeks or 2 travel weeks per person.

D. TRANSPORTATION INFORMATION

Indicate the maximum number of employees on each method of transportation and at each location indicated below:

	Maximum Number of USNs	Maximum Number of TCNs	Maximum Number of LCNs	Indicate Details of Land and Water Travel, Number of Flights, Work Site and Housing Quarters' Location
Land (Auto/Bus)				
Air Travel*				
Water Travel				
Work Site				
Sleeping Quarters				

*For air travel indicate the total number of commercial/chartered flights (one flight equals one takeoff and landing).

1. What is the distance (in miles) between the housing quarters and worksite?

2. Describe the method of transportation between the housing quarters and worksite:

3. Does the applicant own, operate or lease aircraft for purposes of executing the contract to be covered? Yes No

If Yes, describe the aircraft and frequency of use to transport employees covered under this policy:

E. GENERAL INFORMATION

1. Any work performed underground or above 15 feet? Yes No

If Yes, describe:

2. Are employees tenured employees of the company? Yes No

If No, are they: Independent Contractors Hired from Staffing Firm/Placement Agency

3. Are subcontractors used? Yes No

If Yes, give percentage of total contract subcontracted:

If Yes, does the applicant require current certificates of DBA insurance from all subcontractors? Yes No

(Any subcontractor used at any level below must procure DBA coverage or the subcontractor's employees could legally fall under your DBA liability if the subcontractor is unable to pay the benefits due to an injured subcontractor employee)

4. Who is security provided by: Employees Outside Contractor(s) U.S. Military

If provided by an outside contractor, provide security firm name(s):

5. Are employee background checks conducted? Yes No

6. Are physicals required after offers of employment are made? Yes No

Are physicals required prior to work release? Yes No

7. Does the applicant have an evacuation plan for its employees for emergency medical?

Yes No

Does the applicant have an evacuation plan for its employees for political instability?

Yes No

If Yes, describe:

8. Does the applicant provide non-work related medical insurance for USNs?

Yes No

Does the applicant provide non-work related medical insurance for TCNs?

Yes No

Does the applicant provide non-work related medical insurance for LCNs?

Yes No

If Yes, indicate the carrier:

F. LOSS HISTORY

1. In the past 5 years have you experienced any DBA-specific losses?

Yes No

If Yes, provide the current information:

> A current DBA loss run history from your current carrier

> Any prior loss runs from prior carriers (if any) in the past 5 years

> Total DBA remuneration for the past 5 years

> Details of any large losses over \$50,000

COMMENTS AND ADDITIONAL INFORMATION: