

Overview of the Defense Base Act

- Federal law mandates that employees who work on international government contracts be protected under the DBA which requires government contractors and subcontractors to provide workers' compensation coverage for work-related accidents.
- The DBA is an extension of the Longshore and Harbor Workers' Compensation Act (LHWCA) which provides disability compensation and medical benefits to employees and death benefits to eligible survivors.
- The DBA applies to civilian employees of government contractors and subcontractors while working outside of the U.S.
- Employees covered include U.S. and foreign nationals as well as local nationals.
- Claims should be reported to CNA as soon as possible as losses must be reported to the U.S. Department of Labor (DOL) within 10 days of the employer's knowledge of injury or death. Our claim team is available to help you navigate through the claim process. Please refer to the overview of claim services to learn more about our excellent customer service.

Federal law requires Defense Base Act (DBA) workers' compensation coverage for contractors and their employees while working abroad. As a leader in both foreign and domestic workers' compensation coverage, CNA has the underwriting and risk analysis expertise to respond to your business needs. CNA has secured exclusive contracts with several government agencies to provide DBA coverage for their civilian contractors while working outside the Continental U.S. As businesses look to expand their operations into the global arena, understanding of this product is more important than ever. CNA's years of global underwriting and claims experience allow us to stand out in this business.

Overview of CNA Claim Services

CNA has a dedicated team with experienced claim handlers available 24 hours a day, seven days a week to respond to DBA claims that occur in any country. We also work with DBA experts in the legal, investigative, repatriation, translation and medical service areas giving us insight into Department of Labor (DOL) requirements which helps us to resolve DBA claims as quickly as possible.

Overview of Coverages and Benefits

Contractors and subcontractors performing U.S. government work overseas must carry Defense Base Act coverage. Common examples of such contracts include public works projects and security activities.

Injury benefits include medical, surgical and hospital treatment as well as medical supplies and prescriptions. Medical transportation is also included when directly related to the job-related injury.

Disability compensation benefits include payment every two weeks during an employee's total disability as a result of a work-related injury.

FAQs

Q: When do I need to contact CNA to obtain coverage?

A: You should contact your insurance agent or broker to obtain CNA coverage before the job bidding process starts.

Q: Am I required to report claims to the Department of Labor?

A: Yes. The Department of Labor requires that a form is completed and sent within 10 days of the employer's knowledge of injury or death. This form is called the Employer's First Report of Injury or Occupational Illness and is otherwise known as the LS-202. Your CNA expert claim team will work with you to resolve questions you may have about the completion of this form.

Q: Am I responsible for providing workers' compensation coverage for foreign nationals?

A: Yes. Employers should ensure that they have purchased coverage for their employees who work outside of the U.S. on U.S. government contracts, regardless of the nationality of the worker.

Additional information may be found on the Department of Labor's Web site by accessing the DBA page at www.dol.gov/esa/owcp/dlhwc/lsdba.htm. An excellent source for answers to questions may be found on the DOL Web site's DBA FAQ page at www.dol.gov/esa/owcp/dlhwc/DBAFaqs.htm.





Defense Base Act (DBA) Application

TO: Meng C. Fan
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PHONE: 212-440-7207 or 888-262-0042
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Intended Inception/ Exp. Date: _____ Target Quote Date: _____
Applicant: _____ Producer: _____
Street Address (incl. Zip code): _____ Street Address (incl. Zip code): _____

**** PLEASE - NO POST OFFICE BOXES ****

Contact person: _____ Contact person: _____
Tel: _____ Fax: _____ Tel: _____ Fax: _____
Web site URL: _____ Producer's Tax ID #: _____

Years in business: _____ Applicant's current broker? Yes No
 Individual Corporation Partnership Joint Venture Other (describe) _____

CONTRACT INFORMATION

Type of Contract/Contracting Entity: _____
Contract Number: _____
Duration of Contract: _____
Description of Contract (PLEASE ATTACH STATEMENT OF WORK): _____

Has the applicant obtained a written waiver from the U.S. Department of Labor for non-U.S. Nationals? _____ If Yes, please provide a copy of waiver.
Is applicant the primary contractor? _____ If No, provide name of the primary contractor: _____

EMPLOYEE/PAYROLL INFORMATION

Job Function	U.S. Nationals Payroll Exposure	Number of U.S. Nationals	Third Country Nationals Payroll Exposure	Number of Third Country Nationals	Local Nationals Payroll Exposure	Number of Local Country Nationals

COUNTRIES OF OPERATION

Country	Military Base or City	Number of U.S.Nationals	Number of Third Country Nationals	Number of Local Nationals

EMPLOYEE CONCENTRATION

Conveyance/ Location	Maximum Number of U.S. Nationals	Maximum Number of Third Country Nationals	Maximum Number of Local Nationals	Additional details including total number of flights, etc.
Land (Auto/Bus)				
Air Travel				
Water Travel				
Work Site				
Housing				

GENERAL INFORMATION

Are **sub-contractors** used? _____ If Yes, has sub-contractor provided evidence of DBA insurance?

What **housing** accommodations are provided for employees? _____

What mode of **transportation** is provided to and from the work site? _____

What kind of **security** is provided at the work site? _____

What kind of security is provided at the living quarters? _____

What kind of security is provided during transportation? _____

Will employees be required to carry **firearms** for protection? _____

Describe **medical facilities** available: _____

Describe **evacuation plans** in place: _____

Previous DBA/Work Comp **Loss History** (PLEASE ATTACH LOSS RUN): _____

What is the applicant's Workers Compensation Modification Factor? _____

Applicant Signature: _____

Name: _____

Title: _____

Date: _____

Producer Signature: _____

Name: _____

Title: _____

Date: _____

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