

<?xml encoding="UTF-8">

## **PGI 228.305 Overseas workers' compensation and war-hazard insurance.**

(d) Submit requests for waiver through department/agency channels. Include the following in the request:

(i) Name and address of contractor.

(ii) Contract number.

(iii) Date of award.

(iv) Place of performance.

(v) Name of insurance company providing Defense Base Act coverage.

(vi) Nationality of employees to whom waiver is to apply.

(vii) Reason for waiver.

**Parent topic:** [PGI 228.3 -INSURANCE](#)