SOLICITATION/CONTRA OFFEROR TO COM			_		EMS	1. REQUI W74RDV		N NUMBER 898B			PAG	E1 OF	4
2. CONTRACT NO. W912HQ-11-D-0004	3. AWARD/EFF 28-Mar-20	ECTIVE DATE	4. ORDEF	R NUM	BER			5. SOLICITAT	ION NUMBER		6. SOLIC	ITATION ISSU	JE DATE
7. FOR SOLICITATION INFORMATION CALL:	a. NAME	12	0002					b. TELEPHON	IE NUMBER (No Collect Calls)	8. OFFER	R DUE DATE/	LOCAL TIME
9. ISSUED BY CODE W912HQ USACE HUMPHREYS ENGR CTR SPT ACTIVITY ATTN: CECT-HC, 7701 TELEGRAPH ROAD ALEXANDRIA VA 22315-3860					10. THIS ACQUISITION IS X UNRESTRICTED SET ASIDE: % FOR				DESTINATION BLOCK IS MEDICAL SEE SC	ARKED HEDULE	12. DISCOUNT TERMS		
				-	HUBZONE SB 13a. THIS CONTRACT IS A RATED OR UNDER DPAS (15 CFR 700)						IED ORDER	· · · · · · · · · · · · · · · · · · ·	
TEL: FAX:					SVC-DISABLED VET-OWNED SB 13b. RATING EMERGING SB 14. METHOD OF SOLICITATION RFQ IFB RFP								
					16. ADMINISTERED BY CODE W2CT9JGL JESUSA G. LABIAL PH: 703-428-6485 FX: 703-428-8181 ALEXANDRIA VA 22315								
17a.CONTRACTOR/OFFEROR	1	CODE 35JK7	7	18a. PAYMENT WILL BE MADE BY CODE F&A HQ									
CONTINENTAL INSURANCE CO MENG FAN 333 S WABASH AVE FL 1 CHICAGO IL 60604-4107					USAED(HQUSACE) C/O USACE FINANCE CENTER 5722 INTEGRITY DRIVE MILLINGTON TN 38054-5005								
TEL. 212-440-7207	FAC CO	DE CILITY											
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER					18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM								
19. ITEM NO.	20. SCHEDU	LE OF SUPPL	LIES/ SEF	RVICE	S		21.	QUANTITY	′ 22. UN	T 23. UNIT I	PRICE	24. AMO	UNT
		SEE SCHE	DULE										
25. ACCOUNTING AND APPROP						26. TOT	AL AWARD AM	OUNT (F		e Only)			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1. 52.212-4. FAR 52.212-3. 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT AT 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT AT													
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELI' SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITI SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.					LIVER ALL ITEMS OFFER DATED . YOUR OFFER ON SOLICITATION								
30a. SIGNATURE OF OFFEROR/CONTRACTOR						31a.UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 31c. DATE SIGNED							
					Debonal & Grondans 28-Mar					ar-2012			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT) 30c. DATE SIGNED					31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT) DEBORAH L GIORDANO / CONTRACTING OFFICER TEL: 703-428-7153 EMAIL: deborah.l.giordano@usace.army.mil								

SOLICITA						PAGE 2 OF 4							
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES						21. QUANTI	TY 2	22. UNIT	23. UNIT F	PRICE	24. AMOUNT	
19. ITEM NO.			20. SCHEDULE OF S		VICES		21. QUANTI	TY 2	22. UNIT	23. UNIT F	RICE	24. AMOUNT	
32a. QUANTITY IN	COLUM	/IN 21 H	AS BEEN				•			•			
RECEIVED	INSPE	CTED	ACCEPTED, AND CONF	ORMS TO THE O	CONTRAC	T, EXCEPT	AS NOTED:						
32b. SIGNATURE OF AUTHORIZED GOVERNMENT			32c. DATE				NTED NAME AND TITLE OF AUTHORIZED GOVERNMENT						
REPRESENT		REF			RESENTATIVE								
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE							
						32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE							
33. SHIP NUMBER 34. VOUCHER NUMBER		35. AMOUNT VERIFIED		36.	36. PAYMENT 37. (37. CHE	CK NUMBER			
PARTIAL	FINAL			CORRECT	FUK		COMPLET	TE P	PARTIAL [FINAL			
38. S/R ACCOUNT		R 39.	S/R VOUCHER NUMBER	40. PAID BY									
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 42a. RECEIVED BY (Print)													
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c.													
				42b. RE	ECEIVED AT (Location)								
					42c. DA	ATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS							

PRICING STRUCTURE OPTION PERIOD

OPTION PERIOD - CLIN 0002

The Insurance Carrier shall provide Defense Base Act (DBA) insurance for the Option Period at the following fixed rate:

CLIN 0002AA Service Contracts \$3.50 per \$100 of employee remuneration

CLIN 0002AB Construction Contracts \$4.25 per \$100 of employee remuneration

CLIN 0002AC Aviation Contracts \$17.00 per \$100 of employee remuneration

CLIN 0002AD Security Contracts \$10.00 per \$100 of employee remuneration

ITEM NO	SUPPLIES/SERVICES	ESTIMATED OUANTITY	UNIT	UNIT PRICE	ESTIMATED AMOUNT
0002		QUANTITI 12	Months	\$0.00	\$0.00 NC
EXERCISED	FIRST OPTION PERIOD	-	Wionins	ψ0.00	ψ0.00 11€
OPTION	FFP				
	DBA INSURANCE SERV	VICES			

The Insurance Carrier shall provide the Covered Contracting Agencies (CCA) with a single source of Worker's Compensation Insurance pursuant to the Longshoremen's and Harbor Worker's Compensation Act (commonly called the "Defense Base Act" or "DBA") program. The Insurance Carrier will receive a single Delivery Order for total execution and management of the DBA program to directly provide CCA Contractors requiring DBA insurance for performance Outside the Continental United States (OCONUS) for payment arrangements and resolution of issues.

Include your detailed pricing structure in See B.3.6.2.

FOB: Destination

PURCHASE REQUEST NUMBER: W74RDV03558898B

ESTIMATED \$0.00

NET AMT

DELIVERY INFORMATION

CLIN DELIVERY DATE QUANTITY SHIP TO ADDRESS UIC

0002 POP 01-APR-2012 TO N/A USACE HUMPHREYS ENGR CTR SPT W912HQ
31-MAR-2013 ACTIVITY

JESUSA G LABIAL ATTN: CECT-HC,

7701 TELEGRAPH ROAD ALEXANDRIA VA 22315-3860

703-428-6485 FOB: Destination