



IDRA Professional Liability Insurance Enrollment Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ (Provide the best number to reach you)

Agency: _____ Email (**required**) : _____

Are you a current member of IDRA _____ Yes _____ No**

**Enrollees must be a Membership Plus member of IDRA.

I hereby wish to enroll in the IDRA/FEDS Professional Liability Program for which I am eligible. I understand that if I currently have knowledge of any allegation, claim or suit, or any act error or omission, which might reasonably be expected to result in a claim or suit, the matter for which I have prior knowledge of will not be covered by this insurance.

I hereby certify that the above statements and facts are true and accurate

Signature: _____ Date: _____

Annual Cost: \$275.40 (includes Surplus Lines Tax)

Credit Card Billing:

I authorize you to charge the cost of the FEDS liability insurance to the following charge card:

MasterCard Visa Discover

Credit Card Number: _____ Expiration Date: _____

Security Code: _____

Pay by Mail:

I have enclosed a check payable to FEDS for my annual payment. (Mail to TMS, 1100 Connecticut Avenue, Suite 900, Washington D.C. 20036)

Signature: _____

(Credit card enrollments can be sent via facsimile to 301-229-2482)