7945 MacArthur Blvd. Ste. 201
Cabin John, MD 20818

www.fedsprotection.com
866.955.FEDS

FEDERAL EMPLOYEE DEFENSE SERVICES

FEDERAL EMPLOYEE PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

APPLICANT INFORMATION

Name:	New or Renewing Member? ☐ New ☐ Renewal	
Agency:	Occupation:	
Current Home Address:		
City:	State:	ZIP Code:
Phone:	Check One: ☐Home ☐ Work ☐ Mobile	
Email (required):		
Please tell us how you heard about FEDS:		

UNDERWRITING INFORMATION

Are you switching to FEDS from another company that provides PLI?	☐Yes ☐ No
If yes, please indicate the month/year that you first purchased continuous PLI coverage:	_____ MM/YY
Have you made any Professional Liability claim(s), had any personal capacity civil suits filed against you, or been the subject of any criminal, administrative or adverse security investigation(s), including any disciplinary actions over the past seven years?	☐Yes ☐ No
If yes, please describe:	
Do you have any knowledge or information of any actual or alleged acts, errors, omissions, circumstances, claims or suits which might reasonably be expected to result in a claim or suit?	☐Yes ☐ No
If yes, please describe:	

POLICY OPTIONS

☐ $1,000,000 Limit for $295.80 Annual Cost (Includes Surplus Lines Tax) ☐ $2,000,000 Limit for $397.80 Annual Cost (Includes Surplus Lines Tax)	Association Discount Code: _____ If applicable, discount will be applied upon application processing.

ADDITIONAL COVERAGE OPTIONS FOR FEDERAL LAW ENFORCEMENT OFFICERS ONLY

LEOSA/State CCW coverage is available only to federal employees who are certified as "qualified active law enforcement officers" of a government agency as defined by and in accordance with 18 USC 926 Band 18 USC 926C. <u>This coverage option is not available to other federal employees.</u> By choosing one of these additional coverage options, I certify that I am a "qualified law enforcement officer" of a government agency as defined by and in accordance with 18 USC 926B and 18 USC 926C.

☐ $250,000/$50,000/$25,000 Protection for $102 Annual Cost (Includes Surplus Lines Tax)

☐ $500,000/$50,000/$25,000 Protection for $153 Annual Cost (Includes Surplus Lines Tax)

PAYMENT OPTIONS

☐ PAYROLL DEDUCTION	☐ CREDIT CARD	☐ CHECK
Enrollment is not complete and your policy is not effective until the allotment through your payroll system is established. Instructions to establish your allotment will be sent to you via email within 24 hours of processing your application.	☐ MasterCard ☐ Visa ☐ Discover Card Number: _____ Expiration Date: _____ (MM/YY) Security Code: _____	I have enclosed a check payable to FEDS for my annual payment. Payment should be mailed to FEDS, 7945 MacArthur Blvd., Ste. 201, Cabin John, MD 20818.

REPRESENTATIONS

1. I represent that the above statements are true and no material facts have been suppressed or misstated.
2. I understand that any preexisting matter that has been disclosed or should have been disclosed in the application will be specifically excluded from coverage under the policy issued in response to this application.
3. I understand the FEDS PLI policy is underwritten and issued on a group basis by Federal Employee Defense Services, Inc. through the Public Employees Purchasing Group (PEPG) domiciled in Washington, DC. As such, Insured Members become members of the PEPG, entitling them to group rates and subject to master policy aggregates, terms and conditions.
4. If I am paying by credit card, I authorize you to charge the cost of FEDS membership to the chosen card above.
5. I hereby wish to enroll/renew my FEDS PLI policy and certify that I am currently a full or part time federal employee.

X _____ _____

Signature Date