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

www.fedsprotection.com
866.955.FEDS

FEDERAL FLIGHT DECK OFFICER
PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

APPLICANT INFORMATION

Is this a new enrollment or are you renewing your current FEDS policy? □ New □ Renewal		
Name:		
Current Home Address:		
City:	State:	ZIP Code:
Phone:	Check One: □ Home □ Work or □ Mobile	
Email (required):		
Please tell us how you heard about FEDS:		

UNDERWRITING INFORMATION

I certify that I am a pilot authorized to carry firearms and act as a federal law enforcement officer pursuant to the Arming Pilots Against Terrorism Act (APATA, Title XIV), which established, and is otherwise known as the Federal Flight Deck Officer (FFDO) Program.	□ Yes □ No
In the last 7 years, have you made any professional liability claim(s), had any personal capacity lawsuits filed against you, or been the subject of any criminal, administrative, or security investigation(s), including any disciplinary actions? If yes, additional information may be required.	□ Yes □ No
In the last 7 years, have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct, or for violating a security rule or policy related to your FFDO duties in accordance with your APATA authority? If yes, additional information may be required.	□ Yes □ No

POLICY PREMIUM

□ $1,000,000 Policy Limit for $204 Annual Premium (Includes Surplus Lines Tax)

□ $2,000,000 Policy Limit for $306 Annual Premium (Includes Surplus Lines Tax)

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.

PAYMENT OPTIONS

□ CREDIT CARD	□ CHECK
□ MasterCard □ Visa □ Discover Card Number: _____ Expiration Date: _____ Security Code: _____ MM/YY	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.

X_____ _____

Signature Date