



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

www.fedsprotection.com  
866.955.FEDS

**FEDERAL EMPLOYEE DEFENSE SERVICES  
LEOSA-HR 218 & STATE CCW LIABILITY INSURANCE ENROLLMENT FORM**

**APPLICANT INFORMATION**

Name:	New or Renewing Member? <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Former Governmental Employer:	Former Occupation:	
Current Home Address:		
City:	State:	ZIP Code:
Phone:	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Email (required):		
Please tell us how you heard about FEDS:		

**ELIGIBILITY**

Are you a retired law enforcement officer from either an agency of the Executive Branch of the federal government, the Federal Reserve, or the Amtrak Police Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a "qualified retired law enforcement officer" as defined by the H.R. 218 Law Enforcement Officers' Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your authority to carry a firearm suspended, revoked, or otherwise restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a mental health condition that would have an objective observer question your ability to safely handle a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LEOSA-HR 218 & STATE CCW COVERAGE OPTIONS (SELECT ONE)**

- \$100,000/\$50,000/\$25,000 Protection for \$306 Annually (Cost includes Surplus Lines Tax)**
- \$250,000/\$50,000/\$25,000 Protection for \$408 Annually (Cost includes Surplus Lines Tax)**

**PAYMENT OPTIONS**

<input type="checkbox"/> CREDIT CARD  <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover  Card Number: _____  Expiration Date: _____ Security Code: _____ MM/YY	<input type="checkbox"/> CHECK  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
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**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 LEOSA 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 eligible to purchase the FEDS LEOSA-HR 218 & State CCW policy.

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Signature

\_\_\_\_\_  
Date