



MILITARY POLICE OFFICER PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

APPLICANT INFORMATION

Name:	New or Renewing Member? <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Agency/Branch:	Occupation/Location:	
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:		

UNDERWRITING INFORMATION

Can you certify that you are a full or part time military police officer who has the authority to apprehend suspects under the Uniform Code of Military Justice, UCMJ, 64 Stat. 109, 10 U.S.C. 801-946?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are switching to FEDS from another company, provide date you first purchased continuous 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	

POLICY OPTIONS

<input type="checkbox"/> \$1,000,000 Limit for \$295.80 Annual Cost (Includes Surplus Lines Tax)	Association Discount Code: _____ If applicable, discount will be applied upon application processing.
<input type="checkbox"/> \$2,000,000 Limit for \$397.80 Annual Cost (Includes Surplus Lines Tax)	

ADDITIONAL COVERAGE OPTIONS FOR FEDERAL LAW ENFORCEMENT OFFICERS ONLY

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

<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex 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, Suite 201 Cabin John, MD 20818

REPRESENTATIONS

- I represent that the above statements are true and no material facts have been suppressed or misstated.
- 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.
- 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.
- If I am paying by credit card, I authorize you to charge the cost of FEDS membership to the chosen card above.
- I hereby wish to enroll/renew my FEDS PLI policy and certify that I am currently a full or part time military police officer.

X _____

Signature Date