

**FEDERAL CONTRACTOR  
PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM**

**APPLICANT INFORMATION**

Name:		New or Renewing Member: <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Company Name (if applicable):			
Current Home Address:			
City:	State:	ZIP Code:	
Email (required):		Phone:	
Please tell us how you heard about FEDS:			

**UNDERWRITING INFORMATION**

Description of Contract Services:	
List all contractors and federal agencies you will be performing work for during your annual policy period:	
If applicable, list all state and/or local governmental agencies you will be performing work for during your annual policy period:	
Are you switching to FEDS from another company that provides PLI?	<input type="checkbox"/> Yes <input type="checkbox"/> 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), or had any personal capacity civil suits related to your contract services filed against you in the last 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 AND PRICING**

- \$1,000,000 Each Incident / \$1,000,000 Each Incident Aggregate for \$750 annually + \$15.00 SL Tax
- \$1,000,000 Each Incident / \$2,000,000 Each Incident Aggregate for \$825 annually + \$16.50 SL Tax
- \$1,000,000 Each Incident / \$3,000,000 Each Incident Aggregate for \$885 annually + \$17.70 SL Tax
- \$1,000,000 Each Incident / \$4,000,000 Each Incident Aggregate for \$930 annually + \$18.60 SL Tax
- \$1,000,000 Each Incident / \$5,000,000 Each Incident Aggregate for \$975 annually + \$19.50 SL Tax

**PAYMENT OPTIONS**

<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover  Card Number: _____  Expiration Date: _____ Security Code: _____ <small>MM/YY</small>	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**

- 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.

  X   \_\_\_\_\_ Date \_\_\_\_\_  
Signature Date