

4829 West Lane Bethesda, MD 20814 www.fedsprotection.com 866.955.FEDS

## FEDERAL CONTRACTOR PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

APPLICANT INFORMATION				
Name:	New or Renewing Member?	☐ New	☐ Rene	ewal
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?	Yes	□ N	lo
If yes, please indicate the month/year that you first purchased c	ontinuous PLI coverage:			
Have you made any Professional Liability claims or had any perso	onal capacity civil suits related t	o your contract	☐ Yes	□ No
services filed against you in the last seven years?				
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 against you?				
If yes, please describe:				
POLICY OPTIONS AND PRICING				
\$1,000,000 Each Incident / \$1,000,000 Each Incident Aggregate for \$775 annually				
\$1,000,000 Each Incident / \$2,000,000 Each Incident Aggregate for \$851.50 annually * Cost includes applicable fees and				
\$1,000,000 Each Incident / \$3,000,000 Each Incident Aggregate for \$912.70 annually taxes.				
\$1,000,000 Each Incident / \$4,000,000 Each Incident Aggregate for \$958.60 annually				
$\square$ \$1,000,000 Each Incident / \$5,000,000 Each Incident Aggregate for \$1,004.50 annually				
PAYMENT OPTIONS				
CREDIT CARD		☐ CHECK		
To pay by credit card, please visit	I have enclosed a check n	avable to EEDS for r	my annual na	vment
www.fedsprotection.com.	www.fedsprotection.com.  I have enclosed a check payable to FEDS for my annual			
For renewals, payment can be made by clicking on "Renew."  Payment should be mailed to:		to:		
For new applicants, payment can be made by clicking on  "Apply."  FEDS Protection  4829 West Lane				
друу.	Bet	hesda, MD 20814		
REPRESENTATIONS				
<ol> <li>I represent that the above statements are true and no material facts have been suppressed or misstated.</li> <li>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.</li> <li>I understand the FEDS PLI policy is underwritten and issued on a group basis by FEDS Protection 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.</li> <li>I hereby wish to enroll/renew my FEDS PLI policy.</li> </ol>				
XSignature			Date	