



PO Box 65282
Washington, DC 20035
www.fedsprotection.com
866.955.FEDS

**FEDERAL EMPLOYEE
PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM**

APPLICANT INFORMATION

Name:	New or Renewing Member?	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Dept. & Agency:	Occupation:		
Current Home Address:			
City:	State:	ZIP Code:	
Email (required):	Phone:		
Please tell us how you heard about FEDS:			

UNDERWRITING INFORMATION

Are you switching to FEDS Protection 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:		
Have you made any Professional Liability claims, had any personal capacity civil suits filed against you, or been the subject of any criminal, administrative or adverse security investigations, 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 against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		

POLICY OPTIONS

<input type="checkbox"/> \$1,000,000 Limit for \$305.80 Annual Cost	*Includes Applicable Taxes and Fees	Association Discount Code: _____
<input type="checkbox"/> \$2,000,000 Limit for \$407.80 Annual Cost		If applicable, discount will be applied upon application processing. Payroll Deduction orders are not eligible for discounts.
<input type="checkbox"/> \$3,000,000 Limit for \$509.80 Annual Cost		

ADDITIONAL COVERAGE OPTIONS FOR FEDERAL LAW ENFORCEMENT OFFICERS ONLY

FEDS Protection's LEOSA Endorsement is available only to federal employees who are certified as active "qualified law enforcement officers" of a government agency as defined by and in accordance with 18 USC 926B and 18 USC 926C. This coverage option is not available to other federal employees. By choosing one of these additional coverage options, I certify that I am a "qualified law enforcement officer" of a government agency as defined by and in accordance with 18 USC 926B and 18 USC 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"/> PAYROLL DEDUCTION	<input type="checkbox"/> CHECK	CREDIT CARD
Enrollment is not complete and your policy is not effective until the allotment through your payroll system is established. Instructions to establish your allotment will be sent to you via email within 24 hours of processing your application. <i>*Not available to USPS employees, Contractors, or Military Police.</i>	Please enclose a check payable to FEDS for your annual payment. Payment should be mailed to:	To pay by credit card, please visit www.fedsprotection.com .
	FEDS Protection PO Box 65282 Washington, DC 20035	For renewals, payment can be made by clicking on "Renew." For new applicants, payment can be made by clicking on "Apply."

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 that FEDS Protection PLI does not apply to reduction-in-force (RIF), excepted service job reclassification, summary removal, probationary removal, or other removal actions based on Article II, U.S. Constitution.
4. 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.
5. I hereby wish to enroll/renew my FEDS PLI policy and certify that I am currently a full- or part-time federal employee or PSC. For clarity, federally elected officials are not eligible for the program.

X _____

Signature

Date