



4829 West Lane  
 Bethesda, MD 20814  
 Fax: 301.229.2481  
 www.fedsprotection.com  
 866.955.FEDS

**FEDERAL FLIGHT DECK OFFICER  
 PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM**

**APPLICANT INFORMATION**

Is this a new enrollment or are you renewing your current FEDS policy?  New  Renewal

Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Check One:  Home  Work or  Mobile

Email (required): \_\_\_\_\_

Please tell us how you heard about FEDS: \_\_\_\_\_

**UNDERWRITING INFORMATION**

I certify that I am a pilot authorized to carry firearms and act as a federal law enforcement officer pursuant to the Arming Pilots Against Terrorism Act (APATA, Title XIV), which established, and is otherwise known as the Federal Flight Deck Officer (FFDO) Program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 7 years, have you made any professional liability claim(s), had any personal capacity lawsuits filed against you, or been the subject of any criminal, administrative, or security investigation(s), including any disciplinary actions? If yes, additional information may be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 7 years, have you received a written warning, been officially reprimanded, suspended or disciplined for misconduct, or for violating a security rule or policy related to your FFDO duties in accordance with your APATA authority? If yes, additional information may be required.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**POLICY PREMIUM**

\$1,000,000 Policy Limit for \$214 Annual Premium (Cost Includes Applicable Taxes & Fees)

\$2,000,000 Policy Limit for \$316 Annual Premium (Cost Include Applicable Taxes & Fees)

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.

**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: _____ <small>MM/YY</small>	I have enclosed a check payable to FEDS for my annual payment.  Payment should be mailed to: <b>FEDS 4829 West Lane, Bethesda, MD 20814</b>  <small>*E-check payments can be made at www.fedsprotection.com</small>

**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 Federal Flight Deck Officer.

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