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

RETIRED LEOSA LIABILITY INSURANCE ENROLLMENT FORM

APPLICANT INFORMATION

Name:	New or Renewing Member? ☐ New ☐ Renewal	
Former Governmental Employer:	Former Occupation:	
Current Home Address:		
City:	State:	ZIP Code:
Email (required):	Phone:	
Please tell us how you heard about FEDS:		

ELIGIBILITY & UNDERWRITING INFORMATION

Are you a retired law enforcement officer from either an agency of the Executive Branch of the federal government, the Federal Reserve, or the Amtrak Police Department?	☐ Yes	☐ No
Are you a "qualified retired law enforcement officer" as defined by the Law Enforcement Officers Safety Act (LEOSA)?	☐ Yes	☐ No
Have you ever had your authority to carry a firearm suspended, revoked, or otherwise restricted?	☐ Yes	☐ No
Have you ever had a mental health condition that would have an objective observer question your ability to safely handle a firearm?	☐ Yes	☐ No

POLICY OPTIONS

☐ $100,000/$50,000/$25,000 Protection for $316 Annually ☐ $250,000/$50,000/$25,000 Protection for $418 Annually	*Includes Applicable Taxes and Fees	Association Discount Code: _____ If applicable, discount will be applied upon application processing.

PAYMENT OPTIONS

☐ CHECK	CREDIT CARD
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 the FEDS Protection Retired LEOSA 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.
4. I hereby wish to enroll/renew my FEDS Protection Retired LEOSA policy and certify that I am currently eligible to purchase the FEDS Protection Retired LEOSA policy.

X _____ _____

Signature Date