



4829 West Lane  
 Bethesda, MD 20814  
 Fax: 301.229.2482  
 www.fedsprotection.com  
 866.955.FEDS

**FEDS PROTECTION  
 LEOSA/H.R. 218 & STATE CCW LIABILITY INSURANCE ENROLLMENT FORM**

**APPLICANT INFORMATION**

Name:	New or Renewing Member? <input type="checkbox"/> New <input type="checkbox"/> Renewal	
Former Governmental Employer:	Former Occupation:	
Current Home Address:		
City:	State:	ZIP Code:
Phone:	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
Email (required):		
Please tell us how you heard about FEDS:		

**ELIGIBILITY**

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a "qualified retired law enforcement officer" as defined by the H.R. 218 Law Enforcement Officers' Safety Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your authority to carry a firearm suspended, revoked, or otherwise restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a mental health condition that would have an objective observer question your ability to safely handle a firearm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LEOSA/H.R. 218 & STATE CCW COVERAGE OPTIONS (SELECT ONE)**

- \$100,000/\$50,000/\$25,000 Protection for \$316 Annually (Cost Includes Applicable Taxes & Fees)
- \$250,000/\$50,000/\$25,000 Protection for \$418 Annually (Cost Includes Applicable Taxes & Fees)

**PAYMENT OPTIONS**

CREDIT CARD	<input type="checkbox"/> CHECK
<p align="center"><b>To pay by credit card, please visit  <a href="http://www.fedsprotection.com">www.fedsprotection.com</a>.</b></p> <p>For renewals, payment can be made by clicking on "Renew."          For new applicants, payment can be made by clicking on "Apply."</p>	<p align="center">I have enclosed a check payable to FEDS Protection for my annual payment.          Payment should be mailed to:</p> <p align="center">FEDS Protection          4829 West Lane          Bethesda, MD 20814</p>

**REPRESENTATIONS**

- I represent that the above statements are true and no material facts have been suppressed or misstated.
- I understand that any preexisting matter will be specifically excluded from coverage under the policy issued in response to this application.
- I understand the FEDS LEOSA/H.R. 218 & State CCW policy 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.
- I hereby wish to enroll/renew my FEDS LEOSA PLI policy and certify that I am currently eligible to purchase the FEDS LEOSA/H.R. 218 & State CCW policy.

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Signature

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Date