



FERMA PROFESSIONAL LIABILITY APPLICATION

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY.

IMPORTANT! THE FERMA CAREER BUILDER PLAN IS ONLY AVAILABLE TO FEDERAL EMPLOYEES WITH THE FOLLOWING CHARACTERISTICS:

- Has never had professional liability insurance
- No previous Losses
- Employed less than 3 years with the federal government
- Pay Scale: GS-11 or Less (or equivalent)

BY CHECKING THE BOX TO THE LEFT, APPLICANT WARRANTS THAT HE/SHE UNDERSTANDS THE ELIGIBILITY RESTRICTIONS LISTED ABOVE. APPLICANT FURTHER WARRANTS THAT HE/SHE UNDERSTANDS ANNUAL PREMIUMS ARE SUBJECT TO INCREASE AT EACH RENEWAL CYCLE. NOTE: NO APPLICATION WILL BE CONSIDERED FOR COVERAGE UNLESS THIS WARRANTY HAS BEEN PROVIDED.

Plan	First Year Premium	Liability Limit	Defense Coverage	
			Administrative	Criminal
<input type="checkbox"/> Career Builder	\$100	\$500,000	\$200,000	\$100,000

- Provides coverage for allegations brought against you in the U.S.
- \$200,000 in defense costs for federal government initiated administrative proceedings and investigations
- \$100,000 in defense costs for criminal proceedings and investigations

The Career Builder Plan is a three (3) year step program where the annual premium will increase at each renewal.

**Amount due includes a \$15 Administrative Fee.*

1. Applicant Name _____

2. Home Address _____

City _____ State _____ Zip _____

Home Ph (____) _____ Work Ph (____) _____ Ext _____ Work Fax (____) _____

Home _____ Work _____ Date of _____

E-Mail _____ E-Mail _____ Birth ____ / ____ / ____

Gender: Male Female Employing Agency _____ Pay Grade _____

Occupation _____ How Did You Hear About Our Company? _____

3. Has any Professional Liability claim(s), civil suit(s) or internal administrative/disciplinary actions been made against the Applicant over the past five years? Yes No
4. Does the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, or circumstances which might reasonably be expected to give rise to a claim against the Applicant? Yes No

If you responded "Yes" to either of the two questions above, provide details: _____

Any matter arising out of any claim or any acts, errors, or omissions that have been disclosed or should have been disclosed in response to question 3 and/or 4 above are excluded under the Policy issued in response to this application.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

Date ____ / ____ / ____ Applicant's Authorized Signature _____

- Payment Options**
- A. Check For Full Remittance Amount Due, payable to: **Starr-Wright USA**
 - B. Credit Card VISA MasterCard AMEX Discover
 - C. Automatic Withdrawal From Checking Account (EFT Form Must be Completed). _____ CREDIT CARD NUMBER _____ EXP DATE _____
 - Set up annual recurring payment

Billing Address (if different from home address) _____

City _____ State _____ Zip _____

Signature of Cardholder _____ Print Cardholder Name as appears on card _____

Any matter arising out of any claim or any acts, errors, or omissions that have been disclosed or should have been disclosed in response to this application are excluded under the Policy issued in response to this Application.