



FERMA PROFESSIONAL LIABILITY APPLICATION

Return Applications To:

Starr Wright USA

405 Silverside Road, Suite 102 B

Wilmington, DE 19809

Ph: (800) 424-9801 Fax: (302) 483-0230

www.wrightusa.com

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.

Select ONLY ONE Plan Below Based on Your Desired Liability Limit and Endorsement Option

Plan	Liability Limit	Annual Premium Due*	Loss Prevention Services Endorsement Fee
<input type="checkbox"/> Basic	\$1,000,000	\$292	Not Available
<ul style="list-style-type: none"> Provides coverage against allegations brought against you in the U.S. Up to \$100,000 in defense costs for criminal proceedings and investigations; Up to \$200,000 in defense costs for federal government initiated administrative proceedings and investigations. 			
<input type="checkbox"/> Basic Plus	\$1,000,000	\$342	\$50 (Included in Premium)
<ul style="list-style-type: none"> Provides the same coverage as Basic above plus up to 2 hours of phone consultation with a legal professional to try to reduce your liability exposure before a claim is filed. 			
<input type="checkbox"/> World Wide	\$2,000,000	\$350	Not Available
<ul style="list-style-type: none"> Provides coverage against allegations brought against you anywhere in the world. Up to \$200,000 in defense costs for criminal proceedings and investigations; Up to \$200,000 in defense costs for federal government initiated administrative proceedings and investigations. Provides coverage for Security Clearance Proceedings. 			
<input type="checkbox"/> Career Protector	\$2,000,000	\$400	No Charge
<ul style="list-style-type: none"> Provides the same coverage as World Wide above plus 2 hours of phone consultation with a legal professional to try to reduce your liability exposure before a claim is filed. Provides an additional \$200,000 in defense costs for Employment Practice-Related proceedings and investigations. Includes Law Enforcement Officers Safety Act (LEOSA) Coverage and State Conceal and Carry Self-Defense Off Duty Coverage at no additional charge. 			

*Amount due includes a \$15 Administrative Fee.

Your agency may reimburse up to 50% of the premium cost. A receipt along with detailed submission instructions will be provided to you once the policy has been issued. Please note that premium is fully earned at inception.

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 Us? _____

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.

5. Does the applicant currently have federal employee professional liability insurance with another agency? . . Yes No

Provide Insurance Agency _____

Provide **Effective Date** of the first federal employee professional liability insurance policy issued by the insurance agency listed above that has been continuously renewed and in effect

_____ / _____ / _____

Please Note: If applicant would like to maintain his/her original effective date, a copy of your declarations page from your current provider must be included with your application submission

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 A. Check For Full Remittance Amount Due, payable to: **Starr Wright USA**

Options 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.