

Preferred method of contact:

Personal Email Address Phone



STARR
WRIGHT
USA

CLAIM FORM:
Federal Employee Professional Liability Insurance (FEPLI)

Personal Information

Name	Address	City	State	Zip Code
Primary Phone Number	Secondary Phone Number	Personal Email Address		

(Do NOT supply your work email address!)

Professional Information

Employing Federal Agency	Employment Status	Active	Retired
	<i>(Please check one)</i>		

(If Yes, please provide the following)

Other Representation	Yes	No	Carrier Name	Carrier Phone#
Do you have another FEPLI policy with a different carrier?				

Claim Description

Date of alleged incident

In the space below, describe your reasons for submitting this claim. Include any related dates, such as the date you were first notified of the alleged incident. **Be as precise as possible.** Provide any relevant documents along with this form when filing.

Signature

Date

Submit by email: swclaims@wrightusa.com Preferred method for fastest response!

By submitting this claim, I affirm that the facts set forth in it are true and complete, to the best of my knowledge.

By mail: Starr Wright USA, 405 Silverside Rd. Suite 102B, Wilmington, DE 19809
By fax: (302) 483-0230

For assistance, or to check on the status of your claim, call (800) 424-9801. (Press Option 3 for Claims)