



FEDERAL EMPLOYEE RISK MANAGEMENT ASSOCIATION PROFESSIONAL LIABILITY APPLICATION

Return Applications To:
Wright USA
 706 Philadelphia Pike, Ste. 1
 Wilmington, DE 19809
 Ph: (800) 424-9801
 Fax: (703) 341-4480
 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 ONE PREMIUM BASED ON DESIRED LIABILITY LIMIT AND ENDORSEMENT OPTION

Limit of Liability	Select	Premium Due*	OR	Select	Loss Prevention Services Endorsement	Premium Due* with Loss Prevention Endorsement
\$1,000,000	<input type="checkbox"/>	\$292.00		<input type="checkbox"/>	\$50.00	\$342.00
\$2,000,000	<input type="checkbox"/>	\$400.00		<input type="checkbox"/>	No Charge	\$400.00

**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.

Applicant Name _____

Home Address _____

City _____ State _____ Zip _____

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

Home E-Mail _____ Work E-Mail _____ Date of Birth ____/____/____

Gender: Male Female Employing Agency _____ Pay Grade _____

Occupation _____ How did you hear about Wright USA? _____

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

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: _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND ACTION 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: **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 _____

Billing Address (if different than home address) _____

City _____ State _____ Zip _____

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