



FERMA PROFESSIONAL LIABILITY APPLICATION

Return Applications To:

Wright USA

706 Philadelphia Pike, Suite 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 ONLY ONE Plan Below Based on Your Desired Liability Limit and Endorsement Option

Table with 4 columns: Plan Name, Liability Limit, Annual Premium Due*, Loss Prevention Services Endorsement Fee. Rows include Basic, Basic Plus, World Wide, World Wide Plus, and Career Protector with associated descriptions.

*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 Wright USA? _____

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 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 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.

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