



**FEDERAL EMPLOYEE  
PERSONAL UMBRELLA  
LIABILITY INSURANCE APPLICATION**

Return Applications To:  
**Wright USA**  
 706 Philadelphia Pike, Ste 1  
 Wilmington, DE 19809  
 Ph: (800) 424-9801  
 Fax: (302) 483-0230  
 www.wrightusa.com

**STEP 1 SELECT AMOUNT OF  
INSURANCE DESIRED**

Select	Liability Limit	Premium*
<input type="checkbox"/>	\$1,000,000	\$300.00
<input type="checkbox"/>	\$3,000,000	\$500.00
<input type="checkbox"/>	\$5,000,000	\$700.00

\* Includes surplus lines taxes and fees.

**STEP 2 OPTIONAL COVERAGE—**

**Additional Premium: \$100.00**

**STEP 3 CALCULATE FINAL PREMIUM DUE**

Base Coverage From Step 1	UM/UIM Coverage Option From Step 2	TOTAL PREMIUM DUE
\$ _____	+ \$ _____	= \$ _____

1. Applicant Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Ph-Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Ph-Home (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-Mail-Work \_\_\_\_\_ E-Mail-Home \_\_\_\_\_ GS/SES Level \_\_\_\_\_  
 Government Agency \_\_\_\_\_ Occupation \_\_\_\_\_

2. Have any drivers living in your home been arrested or convicted of an alcohol-related offense within the past 36 months?  Yes  No

3. Do you and all members of your household agree to maintain the required minimum underlying limits of liability coverage outlined below as a condition of coverage?  Yes  No

- **Automobile Liability** .....\$250,000/\$500,000/\$50,000 Or \$500,000 CSL
- **Homeowners, Tenants, or Personal Liability** .....\$300,000 CSL
- **Watercraft Liability** .....Under 26 ft: \$100,000 CSL, 26 ft or More: \$300,000 CSL
- **Employers' Liability** .....\$100,000 CSL
- **UM/UIM (If optional coverage selected)** .....Same as Automobile Liability Limit
- **Snowmobile Liability/All Terrain Vehicles** .....\$500,000 Per Occurrence (unless covered by Homeowners)
- **Recreational Vehicle Liability** .....Same as Automobile Liability Limit

**Payment Options** A.  Check For Full Remittance Amount Due, payable to: **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

Credit Card Billing Address (Only if different than Home Address shown above)

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Applicant's Authorized Signature \_\_\_\_\_

**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.**