

**Ironshore Specialty Insurance Company
New York, NY 10006**

**FEDERAL EMPLOYEE PROFESSIONAL LIABILITY
CERTIFICATE OF INSURANCE**

Renewal of:

Certificate Number:
Master Policy Number:

THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. COVERAGE IS LIMITED TO CLAIMS THAT ARE FIRST MADE AGAINST YOU, AND REPORTED TO US, DURING THE POLICY PERIOD.

Item 1a	Insured:	Each Civilian Employee of the Federal Government of the United States who has been issued a certificate of insurance by the Program Administrator
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Item 1b	Master Policyholder:	Federal Employee Risk Management Association
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Item 2	Program Administrator	Item 3	Certificate Holder
	Wright USA 706 Philadelphia Pike, Suite 1 Wilmington, DE 19809		

Item 4 **Policy Period** to At 12:01 A.M. Standard Time at your mailing address shown above.
Retroactive Date (or date to which certificate holder can demonstrate continuous coverage):

Item 5a Coverage A	\$1,000,000 each claim / \$1,000,000 in the aggregate annually	\$0 Deductible
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Item 5b **Coverage B**

(i) Civil Proceedings	\$200,000 each claim / \$200,000 in the aggregate annually	\$0 Deductible
(ii) Criminal Proceedings	\$100,000 each claim / \$100,000 in the aggregate annually	\$0 Deductible

Item 5c **Aggregate Limit of Liability for each Insured Certificate Holder**

Aggregate Limit of Liability for each Insured Certificate Holder annually for all coverages combined	\$1,300,000
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Item 5d **Master Policy Limit of Liability**

Limit of Liability in the aggregate annually for all Insureds under the Master Policy, for all coverages combined	\$2,000,000 Each Claim \$25,000,000 Aggregate
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Item 6

OTHER CHARGES		TOTAL PREMIUM \$
Administration Fee:	\$15.00	TOTAL OTHER CHARGES \$
Other Fees:	\$	TOTAL \$

Form(s) and Endorsement(s) made a part of this policy at time of issue:

In the event of a claim, notice should be sent to:

WRIGHT USA
ATTN: CLAIMS DEPARTMENT
706 PHILADELPHIA PIKE, SUITE 1
WILMINGTON, DE 19809
VIA EMAIL TO: CLAIMS@WRIGHTUSA.COM

Countersigned:

Date:

Countersigned by Authorized Representative