



## FORMER FEDERAL EMPLOYEE PROFESSIONAL LIABILITY APPLICATION

Return Applications To:

### Wright USA

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Wilmington, DE 19809  
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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.**

**RATES SHOWN BELOW ARE FOR APPLICANTS POSSESSING THE FOLLOWING RISK CHARACTERISTICS**

- Generates \$150,000 or less in annual revenues
- Was formerly employed by the Federal Government
- No prior professional liability claims in the past three years

STEP 1: DETERMINE PREMIUM BASED ON ANNUAL REVENUES	Limit of Liability	ANNUAL REVENUE BANDS		
		Under \$50,000	\$50,001-\$100,000	\$100,001-\$150,000
	\$1,000,000	\$500.00	\$ 750.00	\$1,000.00

**STEP 2: OPTIONAL ENDORSEMENTS**

- Firearms Use: Additional Premium: \$100** (subject to a \$250,000 sub-limit)
- Loss Prevention Services Help Line: Additional Premium \$50**
- Employee(s)/Contractor(s): Additional Premium \$200** (Subject to a limit of 3 employees/independent contractors)

**STEP 3: CALCULATE FINAL PREMIUM DUE**

Selected Coverage from <i>Step 1</i>	\$ _____
Firearms Coverage (Optional)	\$ _____
Employer and Contractor Coverage (Optional)	\$ _____
Loss Prevention Coverage (Optional)	\$ _____
Policy & Association Fee (required)	\$ <u>100.00</u>
<b>Total Amount Due:</b>	<b>\$ _____</b>

**NOTE:** If you select firearms coverage, you must complete page 3 of this application.  
If you select coverage for employee(s)/contractor(s), you must complete page 4 of this application.

**1. GENERAL INFORMATION**

Applicant Name \_\_\_\_\_ Gender:  Male  Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Last Federal Employer \_\_\_\_\_ Last day of Federal Employment \_\_\_ / \_\_\_ / \_\_\_

Occupation \_\_\_\_\_ How did you hear about Wright USA? \_\_\_\_\_

dba Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Ph (     ) \_\_\_\_\_ Work Fax (     ) \_\_\_\_\_ Work E-Mail \_\_\_\_\_

Home Ph (     ) \_\_\_\_\_ Home Fax (     ) \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Date Business Established \_\_\_ / \_\_\_ / \_\_\_ Business Website Address \_\_\_\_\_

Including owners, how many professionals work at your firm? \_\_\_\_\_ Number of clerical/support staff \_\_\_\_\_

Are you required to carry firearms as part of your profession?  Yes - **You must also complete page 3 of this application**  
 No

**2. FINANCIAL AND BUSINESS**

- a. Total revenues, last 12 months \$ \_\_\_\_\_ Total projected revenues, next 12 months \$ \_\_\_\_\_
- b. Indicate **CLIENTS** on whose behalf services are performed **BY PERCENT**. *Must equal 100%.*  
 Federal Government \_\_\_\_\_ % Law Firms \_\_\_\_\_ % Private Parties \_\_\_\_\_ % Public Entities \_\_\_\_\_ %  
 Insurance Carriers \_\_\_\_\_ % State/Municipal Agencies \_\_\_\_\_ % <sup>Other</sup> (describe) \_\_\_\_\_ %
- c. Provide a brief description of services provided to the Federal Government: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- d. Provide a brief description of services provided to other clients: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. PRIOR CLAIMS EXPERIENCE**

- a. Has any Professional Liability claim(s), civil suits, or internal administrative/disciplinary actions been made against the Applicant over the past five years? .....  Yes  No *If "Yes", please provide details:*  
 \_\_\_\_\_  
 \_\_\_\_\_
- b. Does the Applicant have knowledge or information of any actual or alleged acts, errors, omissions, offenses, or circumstances which might reasonably be expected to give rise to a claim?  Yes  No *If "Yes", please 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 3a. and/or 3b. 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 \_\_\_\_\_

Is the business address you provided on this application also your credit card billing address?  Yes  No  
If no, please provide your credit card billing address.

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Print Cardholder Name as appears on card \_\_\_\_\_

THIS SUPPLEMENTAL FORM MUST BE COMPLETED BY THOSE APPLICANTS WHO 1) ARE REQUIRED TO CARRY FIREARMS IN THE PERFORMANCE OF THE PROFESSIONAL SERVICES FOR WHICH INSURANCE IS BEING SOUGHT, AND 2) WANT TO EXPAND COVERAGE TO INCLUDE THEIR FIREARMS EXPOSURE. NOTE THAT A \$250,000 SUB-LIMIT APPLIES. PLEASE BE SURE TO ANSWER **ALL** QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

4. Describe the services rendered by the Applicant for which possession of a firearm is required: \_\_\_\_\_

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5. Does the Applicant possess the licenses/permits required to carry firearms?  Yes  No

STATE	LICENSE/PERMIT NUMBER

6. List type and caliber of guns used by the Applicant: \_\_\_\_\_

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7. Has the Applicant ever been the subject of a criminal investigation, civil action, or regulatory/administrative hearing in which the use of firearms was involved?  Yes  No *If "Yes", provide details:* \_\_\_\_\_

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Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Applicant's Initials \_\_\_\_\_

THIS SUPPLEMENTAL FORM MUST BE COMPLETED BY THOSE APPLICANTS WHO WANT TO COVER THEIR INDEPENDENT CONTRACTORS AND EMPLOYEES. NOTE THAT THIS COVERAGE IS LIMITED TO THOSE ACTIVITIES CONDUCTED BY THE CONTRACTORS/EMPLOYEES AT THE DIRECTION OF THE APPLICANT. PLEASE BE SURE TO ANSWER ALL QUESTIONS. FAILURE TO DO SO MAY DELAY PROCESSING OR RESULT IN THE SUBMISSION'S DECLINATION.

8. List the Independent Contractors/Employees To Be Covered (Limit 3):

	CONTRACTOR/EMPLOYEE NAME	ADDRESS
1.		
2.		
3.		

9. Do any of the individuals listed in "B" above maintain their own Errors & Omissions insurance?  Yes  No *If "Yes", please attach proof of insurance.*

10. Applicant?  Yes  No *If "Yes", describe the activities:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Are background investigations and checks conducted on all employees/contractors?  Yes  No *If "Yes", check the appropriate box(es):*

- Criminal/Background Checks
- Previous Employer
- Motor Vehicle Report
- Fingerprints
- Drug Screening
- Personal References
- Other (describe): \_\_\_\_\_

12. Have any professional liability claims been made against any of the contractors listed above, or do they have knowledge of anything involving their professional liability services that could result in a claim?  Yes  No *If "Yes", provide details:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Applicant's Initials \_\_\_\_\_