

**PROFESSIONAL LIABILITY INSURANCE APPLICATION
FOR RETIRED FEDERAL EMPLOYEES**

****CLAIMS MADE COVERAGE****

APPLICANT/ENROLLMENT INFORMATION

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: (_____) _____ SS# _____

DATE OF BIRTH: _____

TYPE OF COVERAGE – PROFESSIONAL LIABILITY:

_____ **Investigative Work** (defined as background checks and public records, general fraud investigations, accident reconstructions, pre-employment screening for background checks, and fire investigations).

IMPORTANT NOTE: THIS INSURANCE PROVIDES COVERAGE FOR THE NAMED INDIVIDUAL MEMBER INSURED *ONLY*. COVERAGE DOES NOT APPLY TO ANY COMPANY, CORPORATION, PARTNERSHIP OR ANY OTHER ENTITY, NOR DOES IT PROVIDE COVERAGE FOR ANY EMPLOYEE OR INDEPENDENT CONTRACTORS ENGAGED BY THE MEMBER INSURED.

LIMIT OF LIABILITY: \$1,000,000 each claim/\$1,000,000 aggregate

APPLICABLE PREMIUM:

- All Investigative Work \$1,000,000Limit

<u>Enroll Between:</u>	<u>Premium</u>
January 1 – March 31	\$1,035.00
April 1 – June 30	777.00
July 1 – September 30	518.00
October 1 – December 30	259.00

(CONTINUE ON THE REVERSE SIDE OF THIS APPLICATION)

The definition of “Investigative Work” is: background checks and public records, general fraud investigations, accident reconstructions, pre-employment screening for background checks, and fire investigations.

I hereby apply for Professional Liability coverage, at the limit of liability indicated. My enrollment also entitles me to automatic membership in the Association of Federal Employees, Inc. I attest that, as of this date, I have no knowledge of any allegation, claim or suit, or any act, error or omission which might reasonably be expected to result in a claim or suit. In addition, I attest that the work to be performed under this policy fits the definitions outlined above.

Signature: _____

Date: _____

Please make your check payable to: Mass Benefits Consultants, Inc.
and return it with your enrollment form to:

Association of Federal Employees, Inc. (AFEI), Insurance Administrator
Mass Benefits Consultants, Inc.
P.O. Box 828
Annandale, VA 22003-0828

Your coverage will be effective the first day of the month after which your check and signed application/enrollment form is received.

If you have any questions, please call your plan administrator toll-free at:
1-800-221-3083.