

Preferred method of contact:

Personal Email Address Phone

FEPLI CLAIM FORM:
Federal Employee Professional Liability Insurance

Personal Information

Name Address City State Zip Code

Primary Phone Number Secondary Phone Number Personal Email Address

(Do NOT supply your work email address!)

Professional Information

Employing Federal Agency Employment Status Active Retired
(Please check one)

(If Yes, please provide the following)

Other Representation Yes No Carrier Name Carrier Phone#
Do you have another FEPLI policy with a different carrier?

Claim Description

Date of alleged incident

In the space below, describe your reasons for submitting this claim. Include any related dates, such as the date you were first notified of the alleged incident. **Be as precise as possible.** Provide any relevant documents along with this form when filing.

Submit by email: swclaims@wrightusa.com Preferred method for fastest response!

Signature

Date

By mail: Starr Wright USA, 200 Bellevue Parkway, Suite 200, Wilmington, DE 19809
By fax: (302) 483-0230

By submitting this claim, I affirm that the facts set forth in it are true and complete, to the best of my knowledge.

For assistance, or to check on the status of your claim, call (800) 424-9801. [Press Option 3 for Claims]