



APPLICATION FOR GROUP/AGENCY GENERAL LIABILITY (GL) – OCCURRENCE FORM

If you have questions, please call the Preferra RRG Plan Administrator: **888.278.0038**
Apply online at SocialWorkInsure.com

1. APPLICANT INFORMATION

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____ Email* _____

*Documents will be sent to this email address

2. QUALIFICATION QUESTIONS

- Are you/do you work in: Social Work/Allied Health/Healthcare field? YES NO *Allied Health and Healthcare workers or professionals are those who apply their expertise to help others restore or maintain optimal health, whether physical, sensory, psychological, cognitive or social abilities.*
- Are you or any of your employees an NASW member in good standing? YES – Member Number (required) _____ NO
(NASW membership is not required to buy this coverage, however you will pay less for this coverage if you are an NASW member.)
- What is your desired effective date? _____
- Please provide the total count of all W2 employees and any 1099 Independent Contractors you use whose services are in the mental health field.
At least one person must be designated as owner, partner, or principal. Indicate the NUMBER of individuals per occupation. Do not list the names of individuals. Designate only ONE occupation per person, at their highest credential.

OCCUPATION	# OF OWNERS, PARTNERS, OR PRINCIPALS	# OF EMPLOYEES	# OF INDEPENDENT CONTRACTORS
Social Worker			
Mental Health/Other			
Psychologist/Psychiatrist			
TOTAL			

5. Please provide your company's estimated total annual revenue for the current year. \$ _____

6. If you have any landlords to name as additional insureds, please list them below.
This policy covers an unlimited number of office locations even if they are across multiple state lines.

NAME OF LANDLORD	ADDRESS OF LANDLORD	LEASED ADDRESS
1.		
2.		
3.		
4.		

7. How did you hear about us? Email Mail Website Conference Colleague Other _____

3. COVERAGE AND LIMITS OPTIONS

The General Liability policy provides coverage for any visitor to your office or for the following perils: Property Damage, Bodily Injury, Personal Injury, Advertising Injury, or Fire Legal Liability.

If you operate training or therapy sessions outside your office such as in hotel meeting rooms, then you need to buy the General Liability policy. This policy will also cover you for thefts of and damage to property that is owned by your guests and visitors at these events as well as **all** visitors to your office.

If you have many offices, and even offices in other states, you are covered for no additional charge.

I want to purchase:

General Liability Coverage – Limits: \$1,000,000 per occurrence/\$3,000,000 per aggregate

IMPORTANT NOTES:

Most insurance carriers exclude coverage for perils regarding all visitors, and limit coverages to only clients being served at the time that the actual peril or incident occurs. Most only cover you for incidents in your own office, and do not cover you for incidents in any other areas such as hallways, bathrooms, and waiting rooms.

This GL policy covers you for all visitors, all the time while on your premises, or on your rented event venue.

Many insurance carriers limit fire damage to only \$150,000 in total, and only one fire related claim per year.

This GL policy has no limits on the number of fire related claims per year, and full coverage of up to \$1,000,000 per policy claim per year, PLUS up to \$3,000,000 in aggregate for all fire incident claims per policy year.

4. SUBMITTAL INSTRUCTIONS

Once you submit your application, we will email you a quote for your review along with payment instructions.

Please sign and mail your completed application to: Preferra Insurance Company RRG Plan Administrator
1200 E. Glen Ave.
Peoria Heights, IL 61616

For immediate policy issuance, apply and pay online at SocialWorkInsure.com/Apply.

5. PLEASE READ, SIGN, AND DATE

The applicant declares the information contained in the application is true and that no material facts have been suppressed or misstated. The applicant understands that incorrect information could void the insurance coverage. The signing of this application does not bind the undersigned to purchase this insurance, nor does the review of the application bind the insurance company to issue a policy. It is agreed that this application shall be the basis of the contract should a policy be issued. Any person who, knowingly and with intent to defraud any insurance company or person, files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act. **I have read/acknowledged the coverage information in this application.**

Signature of Applicant

Today's Date

Desired Policy Effective Date