

EXTENDED REPORTING PERIOD APPLICATION

Applicable to CLAIMS MADE AND REPORTED SOCIAL WORKERS PROFESSIONAL AND SUPPLEMENTAL LIABILITY POLICY, INDIV CM PF002 (January 1, 2023)

*Please complete and return this form to customerservice@socialworkinsure.com.
If you have additional questions, please contact the social work liability administrator at 888.278.0038.

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED GENERALLY 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 FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

1. APPLICANT INFORMATION

Name		Phone	
Street Address			
City	State	Zip	Email*

*Documents will be sent to this email address

2. ADDITIONAL INFORMATION

- Current policy No. of RRG Professional Liability Policy: _____
- Named Insured on RRG Professional Liability Policy: _____
- I wish to purchase supplemental ERP Coverage for the following term (please select one option below):

Supplemental ERP Term	Single One Time Premium (Paid in Advance)
<input type="radio"/> 1 Year	100% x Current PLI Policy Annual Premium
<input type="radio"/> 2 Years	115% x Current PLI Policy Annual Premium
<input type="radio"/> 3 Years	125% x Current PLI Policy Annual Premium
<input type="radio"/> 6 Years	200% x Current PLI Policy Annual Premium
<input type="radio"/> 12 Yrs +, Unlimited	300% x Current PLI Policy Annual Premium

All other terms and conditions of the Policy are unchanged. This Endorsement is not automatic. The applicant must be deemed eligible to purchase this Supplemental ERP coverage upon satisfactory underwriting approval by the Risk Retention Group, Inc. The single premium to buy this coverage is due and must be paid prior to the 61st day after the termination of the RRG Professional Liability Claims Made Policy, otherwise no Supplemental ERP coverage is permitted.

If approved for ERP coverage, pay the single one-time premium due within 30 days of the billing date for the requested endorsement. The applicant shall be the Named Insured on this ERP Endorsement.

3. SUBMITTAL INSTRUCTIONS

Once you submit your application we will email you the outcome of your request. If approved, a bill will be sent by email with payment instructions. Please complete the enclosed form and email to socialworkinsure.com. If preferred, you may mail your completed application to:

Social Work Liability Administrator
1200 East Glen Avenue Peoria
Heights, IL 61616

4. 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

TPA# 152XXX – ERP - APP