

If you have questions, please call the Preferra RRG Plan Administrator: **888.278.0038**  
**Apply online at [SocialWorkInsure.com](http://SocialWorkInsure.com)**

**1. APPLICANT INFORMATION**

Official School Name		Contact Person/ Title	Phone
Street Address			
City	State	Zip	Email

**2. QUALIFICATION QUESTIONS**

Your answers must apply to ALL students (named or unnamed) for whom coverage is intended at this time by means of this application.

1. Have you or any of your employees or students ever been refused coverage for professional liability or malpractice insurance, or has your malpractice or professional liability insurance ever been canceled or declined for renewal (non-renewed)?  YES  NO
2. Has any claim or suit ever been brought against you or any of your employees or students for alleged malpractice or professional liability, or are you aware of any incident or existing circumstances that might reasonably lead to a claim or suit?  YES  NO
3. Have you or any of your employees or students ever been accused of sexual misconduct or any professional impropriety?  YES  NO
4. Have any complaints ever been filed against you or any of your employees or students with a peer review committee or an ethics committee of a professional association, hospital, health care facility, or any other governmental or private entity?  YES  NO

If your answer to any of the questions is "YES," please provide a detailed explanation on a separate sheet and include any pertaining documentation from a licensing board, ethics committee, professional association, or health care facility (e.g. complaint, dismissal letter, consent agreement, or pertinent court documents).

**3. PROFESSIONAL LIABILITY RATES & LIMITS**

This application provides coverage for the following students: Social Workers, Mental Health Counselors, School Counselors, Marriage and Family Therapists, Professional Counselors

- A. Please select ONE Limit of Liability for the school:  \$1,000,000 per occurrence/\$3,000,000 aggregate  \$2,000,000 per occurrence/\$4,000,000 aggregate
- B. Do you want coverage for faculty members?  YES  NO If YES, please list faculty member names and program positions on page 2.
- C. Do you want coverage for individual students?  YES  NO If YES, please list student names on pages 2 & 3.

**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.

Signature	Today's Date	Desired Policy Effective Date
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**FAQS: HOW THE SCHOOL BLANKET POLICY WORKS**

PLEASE NOTE: If there is a conflict between the policy language and any information contained herein, the policy language shall control. This is an illustration of benefits, not a contract.

**Q: What does the policy cover?**

**A:** This plan offers limits of up to: \$2,000,000 per occurrence, \$4,000,000 annual aggregate. Coverage is provided for the school, faculty, and students during the course of educational instruction and field placement activities. All fees, costs, and expenses resulting from the investigation and defense of a claim are also covered, including attorney fees and court costs.

**Q: Can faculty members be covered?**

**A:** Faculty members that are listed are automatically covered for claims arising out of incidents while supervising and instructing students under the provisions and within the limits of this policy.

**Q: What is the total cost of this policy?**

**A:** Your annual premium is based upon the number of students enrolled during the policy period, the number of the faculty in the program, and the selected insurance plan. The full annual premium will be charged for all students who are enrolled after the policy's effective date and prior to the policy expiration date.

**FACULTY MEMBER INFORMATION**

FACULTY MEMBER NAMES	FACULTY MEMBER PROGRAM POSITION
1.	
2.	
3.	
4.	
5.	
6.	

**STUDENT INFORMATION**

STUDENT NAME	STUDENT NAME
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	32.

*Student list continues on page 3*

STUDENT NAME	STUDENT NAME
33.	67.
34.	68.
35.	69.
36.	70.
37.	71.
38.	72.
39.	73.
40.	74.
41.	75.
42.	76.
43.	77.
44.	78.
45.	79.
46.	80.
47.	81.
48.	82.
49.	83.
50.	84.
51.	85.
52.	86.
53.	87.
54.	88.
55.	89.
56.	90.
57.	91.
58.	92.
59.	93.
60.	94.
61.	95.
62.	96.
63.	97.
64.	98.
65.	99.
66.	100.

*If you need additional spaces for students, please attach another page.*