

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* |
| NASW Membership Number (If not a member, please leave blank.) | | | <i>*Documents will be sent to this email address</i> |

2. QUALIFICATION QUESTIONS

1. Have you 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 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 ever been accused of sexual misconduct or any professional impropriety? YES NO
4. Have any complaints ever been filed against you 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

Please select ONE Limit of Liability:

- \$1,000,000 per occurrence/\$5,000,000 aggregate \$2,000,000 per occurrence/\$4,000,000 aggregate \$3,000,000 per occurrence/\$5,000,000 aggregate*

**This additional option is available for VA residents only.*

4. OPTIONAL COVERAGE

If you have Additional Insureds such as a supervisor, school, or internship site, provide name(s) and address(es):

| NAME(S) OF ADDITIONAL INSUREDS | ADDRESS(ES) OF ADDITIONAL INSUREDS |
|--------------------------------|------------------------------------|
| 1. | |
| 2. | |
| 3. | |

The cost is \$25 per Additional Insured.

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.

| | | |
|------------------------|--------------|-------------------------------|
| Signature of Applicant | Today's Date | Desired Policy Effective Date |
|------------------------|--------------|-------------------------------|