

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

1. Which one best describes you? I am a: Student Individual *If you are the Owner of an LLC, C Corp, S Corp, or Professional Corporation, please apply as an individual. If your organization has multiple owners, each owner needs to apply for their own individual policy.*
2. 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.*
3. Are you a member in good standing? YES – Member Number (required) _____ NO *(membership is not required to buy this coverage, however you will pay less for this coverage if you are a member.)*
4. What is your desired effective date? _____
5. What device do you want to cover? Computer, laptop, tablet, notebook (without phone coverage) Computer, laptop, tablet, notebook (plus phone coverage)
6. Who owns the computer, laptop, tablet, notebook you wish to cover? My employer owns the device Parents, School, other third party Device is leased/rented The Corporation which I own/partially own is the owner of the device (C Corp, S Corp, PC: Professional Corporation, or LLC) Me (disqualifies) *This policy only covers third party liability therefore devices cannot be owned by the named insured to qualify for coverage.*
7. Who owns the phone you wish to cover? (only need to answer if choosing to add the phone endorsement) My employer owns the device Parents, School, other third party Device is leased/rented The Corporation which I own/partially own is the owner of the device (C Corp, S Corp, PC: Professional Corporation, or LLC) Me (disqualifies) *This policy only covers third party liability therefore devices cannot be owned by the named insured to qualify for coverage.*
8. How did you hear about us? Email Mail Website Conference Colleague Other _____

3. COVERAGE AND LIMITS OPTIONS

If you want coverage for a stolen laptop, tablet, iPad, any computer device, or a cell phone or iPhone, then you need a Cyber Device policy, and an Endorsement to the Cyber Device policy for the phone. If you are a student, or an employee, or a co-op employee, or you own/partially own a corporation that owns the devices that you use, then you should buy this coverage. **Device theft and related HIPAA informational breaches are a very common event. Employees and students usually receive devices for use from their employers, sometimes from their schools, or from their parents. Employees and students are typically liable for the theft and related HIPAA information breach damages and penalties.**

I want to purchase:

- Cyber Device Coverage – \$400 per claim limit/\$400 aggregate limit
*Policy covers any Desktop, Laptop, Tablet or Notebook Computer. Covers stolen device cost, and the amounts the insured is liable for due to the loss of personally identifiable information stored on the devices including the major cyber liability perils including: legal defense, state and federal fines and penalties, damages, and client/patient notification costs. **To receive the \$400 benefit, you must submit a copy of the police report regarding the stolen property to the Preferra RRG Plan Administrator, after which you shall receive a \$400 benefit check that you may utilize as you see fit.***
- Cyber Device Plus Phone Endorsement – additional \$400 per claim limit/\$400 aggregate limit per phone
*Endorsement adds coverage for any Employer Owned Mobile Phone, Smart Phone, or Cell Phone. **To receive this additional \$400 benefit, you must submit a copy of the police report regarding the stolen property to the Preferra RRG Plan Administrator, after which you shall receive this additional \$400 benefit check that you may utilize as you see fit.***

All covered devices must not be directly owned by the insured. EXCEPTION: However, you as the applicant, may buy the coverage and receive benefits if you as the applicant's C Corp, S Corp, PC: Professional Corporation, or LLC is the owner of the covered device(s).

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.

Membership is not required to buy this insurance coverage.

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