

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

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. QUALIFICATION QUESTIONS

- 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.*
- 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 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.)*
- What is your desired effective date? _____
- How did you hear about us? Email Mail Website Conference Colleague Other _____

3. COVERAGE AND LIMITS OPTIONS

If you want third-party coverage (covers breaches caused by Vendors and Movers for example) for damages, fines, and legal fees for lost client records, and for client records that are breached, stolen, damaged, whether in paper or digital form, then you need a Cyber Liability Choice Select (“CLCS”) policy. If you want first-party coverage for all of these perils for yourself and no more than three (3) employees, then you need to add the First-Party Endorsement to the CLCS policy.

I want to purchase:

- Cyber Liability Choice Select Coverage
Policy covers the major cyber liability perils including: legal defense, state and federal fines and penalties, damages, computer security breach expert audit, client/patient notification costs, and ID theft protection subscriptions for victims.
Select your coverage: Bronze: \$5,000 per occurrence/\$5,000 aggregate Bronze Plus: \$5,000 per occurrence/\$12,000 aggregate
 Silver: \$10,000 per occurrence/\$10,000 aggregate Silver Plus: \$15,000 per occurrence/\$15,000 aggregate
 Gold: \$20,000 per occurrence/\$20,000 aggregate Gold Plus: \$25,000 per occurrence/\$25,000 aggregate
- First-Party Breach Endorsement (Add on product – must first select coverage from above)
Endorsement adds coverage for any three office workers of the insured from these classes: secretary, receptionist, administrative clerical worker.

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