



APPLICATION FOR INDIVIDUAL SOCIAL WORKERS

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.

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

1. APPLICANT INFORMATION

Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____ Email _____

Membership Number _____ Occupation: BSW MSW LCSW Other _____

2. EXISTING COVERAGE

Do you currently have a professional liability policy with a Carrier other than Preferra? YES NO If YES, what is your expiration date? _____

3. PROFESSIONAL LIABILITY RATES & LIMITS

Which best describes the weekly sum of your primary professional services? (**Answer A or B, not both**)

A.) Are a W-2 employee of a social service organization:

Do you have additional professional activities outside of the W-2 employment including self-employed, independent contracting (1099 payment) or volunteering by providing social work? Yes No

B.) Are self-employed or other social work services:

What is the total sum of your weekly social work activities including: W-2 social work, direct client contact, case management, documentation, billing activities, social work volunteer activities and any related duties combined? 20 hours per week or less Exceeding 20 hours

Please select coverage limits (select one):

- \$1,000,000 per occurrence/\$3,000,000 aggregate
- \$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.

Do you have independent contractors (paid by 1099) working for you? YES NO If YES, how many? _____ The cost is \$25 per independent contractor. You will be covered for their acts, subject to the terms and conditions of the policy, but the independent contractor will not be individually insured under this policy.

4. STATE LICENSING BOARD INCREASE (OPTIONAL)

Your policy includes \$35,000 for defense of a State Licensing Board Investigation. Now you have the option to increase this coverage as follows:

- Increase my limit to \$50,000—\$50 additional premium
- Increase my limit to \$75,000—\$75 additional premium
- Increase my limit to \$100,000—\$100 additional premium

5. ADDITIONAL INSUREDS (OPTIONAL)

Add the following to your professional liability premium (from Section 3):

- Add **Landlord** (please provide a written lease naming them as Lessor, limited to 1 Lessor per office location*)—*No Charge*
- Add **All Others** (please indicate the nature of your professional relationship—e.g. agencies, employers, supervisors, property managers, etc.)—*\$25 additional premium for each*

To add additional insureds, please provide their information on page 3.

**Limited to 1 Lessor per office location, each additional landlord is \$25*

6. QUALIFICATION QUESTIONS

1. Have you ever been notified of or have been the subject of a reprimand, disciplinary action, refused employment or admission to a professional society, or ever been the subject of any ethics investigation, had professional privileges suspended, probated, sanction(s) by consent order, addressed by any action or reprimand, by any court, administrative agency, licensing board at a local, state, or national level? YES NO
2. Have you ever had professional liability insurance canceled or non-renewed? YES NO
3. Has any malpractice claim or suit ever been brought against you? YES NO
4. Are you aware of any circumstances which may result in a malpractice claim or suit, including but not limited to sexual misconduct or professional impropriety being made against you? YES NO
5. Have any clients in your care sustained any serious injuries or perished, or caused any property damage? YES NO
6. Do you provide any therapies, services, or activities that involve Equine Therapy and/or Canine Therapy? YES NO

PLEASE NOTE: The standard Preferra Risk Retention Group Inc. policy excludes activities that involve Equine Therapy and/or Canine Therapy. However, coverage is available via policy endorsement. If you are interested in this option, please contact the Customer Service Team at 1.888.278.0038.

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).

7. 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

ADDITIONAL INSUREDS

Please complete if any Additional Insureds are selected in Section 5:

LANDLORD

NAME OF LANDLORD	ADDRESS OF LANDLORD	LEASED ADDRESS

ALL OTHERS

NAME OF ADDITIONAL INSUREDS	ADDRESS OF ADDITIONAL INSUREDS
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