

If you have questions, please call the NASW RRG Plan Administrator: **888.278.0038**  
**Apply online at [NASWinsure.com](http://NASWinsure.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. ADDITIONAL INFORMATION**

1. Current policy No. of RRG Professional Liability Policy: \_\_\_\_\_
2. Named Insured on RRG Professional Liability Policy: \_\_\_\_\_
3. I wish to purchase supplemental ERP Coverage for the following term (please select one option below):

SUPPLEMENTAL ERP TERM	SINGLE ONE TIME PREMIUM (PAID IN ADVANCE)
<input type="radio"/> 1 Year	100% X CURRENT PLI POLICY ANNUAL PREMIUM
<input type="radio"/> 2 Years	115% X CURRENT PLI POLICY ANNUAL PREMIUM
<input type="radio"/> 3 Years	125% X CURRENT PLI POLICY ANNUAL PREMIUM
<input type="radio"/> 6 Years	200% X CURRENT PLI POLICY ANNUAL PREMIUM
<input type="radio"/> 12 Years	300% X CURRENT PLI POLICY ANNUAL PREMIUM

**All other terms and conditions of the Policy are unchanged. This Endorsement is not automatic. The applicant must be deemed eligible to purchase this Supplemental ERP coverage upon satisfactory underwriting approval by the Risk Retention Group, Inc. The single premium to buy this coverage is due and must be paid prior to the 61st day after the termination of the RRG Professional Liability Claims Made Policy, otherwise no Supplemental ERP coverage is permitted.**

**If approved for ERP coverage, pay the single one-time premium due within 60 days after the termination of the RRG Professional Liability Policy. Applicant shall be the sole Insured or sole Named Insured on this ERP Endorsement.**

**3. 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: NASW RRG Plan Administrator  
1200 E. Glen Ave.  
Peoria Heights, IL 61616  
For immediate policy issuance, apply and pay online at [NASWinsure.com/Apply](http://NASWinsure.com/Apply).

**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. **I have read/acknowledged the coverage information in this application.**

Signature of Applicant	Today's Date	Desired Policy Effective Date
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