

If you have questions, please call the NASW RRG Plan Administrator: **888.278.0038**
Renew online at NASWinsure.com

1. APPLICANT INFORMATION

Name			Phone
Street Address			
City	State	Zip	Email
NASW Membership Number (If not a member, please leave blank.)		Policy Number	Expiration Date

2. LICENSURE LEVEL

- A. Are you currently a student working towards your social work degree? YES NO
If YES, proceed to Section 3. If NO, proceed to 2B.
- B. Have you graduated from school and are able to now practice as a social worker (BSW, MSW, LCSW)? YES NO
If YES, proceed to Section 4. You will be provided a first year Claims-Made policy.

3. STUDENT COVERAGE

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. PROFESSIONAL LIABILITY RATES & LIMITS: FOR GRADUATED SOCIAL WORKERS ONLY

Please select your employment category and desired limits if you have graduated:

EMPLOYED EMPLOYED WITH W-2	SELF-EMPLOYED YOU RECEIVE A 1099 TAX FORM
<input type="radio"/> \$1,000,000 per occurrence/\$5,000,000 aggregate <input type="radio"/> \$2,000,000 per occurrence/\$4,000,000 aggregate <input type="radio"/> \$3,000,000 per occurrence/\$5,000,000 aggregate*	<input type="radio"/> \$1,000,000 per occurrence/\$5,000,000 aggregate <input type="radio"/> \$2,000,000 per occurrence/\$4,000,000 aggregate <input type="radio"/> \$3,000,000 per occurrence/\$5,000,000 aggregate*

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

5. STATE LICENSING BOARD INCREASE: OPTIONAL COVERAGE FOR SOCIAL WORKERS ONLY (NOT AVAILABLE FOR STUDENTS)

Your policy includes \$35,000 for defense of a State Licensing Board Investigation. Would you like to increase your State Licensing Board coverage if you have not already done so?
 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

6. 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 INSURED(S)	ADDRESS(ES) OF ADDITIONAL INSURED(S)
1.	
2.	
3.	

The cost is \$25 per Additional Insured.

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.

Signature of Applicant

Today's Date

Desired Policy Effective Date