

**SOCIAL WORKERS PROFESSIONAL AND SUPPLEMENTAL LIABILITY  
INSURANCE POLICY DECLARATIONS - CLAIMS MADE AND REPORTED**

Customer ID:	4B2VJA7RVN	Named Insured:	Candra Edwards
Policy Number:	P-IND4B2W8EAPA5-03		
Effective Date:	01/07/2023	Address:	603 Cynthia Ct
Expiration Date:	01/07/2024		Goldsboro, NC 27534-8870
Retroactive Date:	01/07/2020		

**NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGEMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT. (SEE POLICY FOR DETAILS) THE POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED, THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

PROFESSIONAL LIABILITY COVERAGE A		LIMITS OF LIABILITY	PREMIUM
Liability Per Claim Limit		\$1,000,000.00	\$170.00
Liability Aggregate Limit		\$3,000,000.00	
SUPPLEMENTAL LIABILITY COVERAGE B		LIMITS OF LIABILITY	PREMIUM
Liability Aggregate Limit		\$3,000,000.00	
Liability Per Claim Limit		\$1,000,000.00	
ADDITIONAL COVERAGES C		LIMITS OF LIABILITY	PREMIUM
Deposition Expense		\$5,000 per deposition/\$35,000 per policy period	
Subpoena Expense		\$400.00 per policy period	
State License Board Investigation Defense		\$35,000.00 per policy period	
Emergency First Aid		\$15,000.00 per policy period	
Health Information - HIPAA		\$25,000.00 per policy period	
First Party Assault		\$15,000.00 per policy period	
Medical Payments		\$5,000 per incident/\$50,000 per policy period	
Wage Loss and Expense		\$1,000 per day/\$35,000 per policy period	

**TOTAL PREMIUM FOR THIS COVERAGE PART: \$170.00**

**NOTICE:** THIS POLICY IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

**ATTENTION:** THE POLICY OF INSURANCE IDENTIFIED ABOVE HAS BEEN ISSUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED. ALL INSURED ARE SUBJECT TO THE LIMITS OF LIABILITY THAT ARE APPLICABLE TO THE POLICY. THE LIMITS OF LIABILITY MAY NOT BE STACKED TO INCREASE THE AMOUNT WE WILL PAY FOR ANY CLAIM. THE AGGREGATE LIMIT MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Regarding Cancellation:** Should the policy be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions to the Named Insured.

Authorized Representative:



Tony Benedetto

Brokered and Administered by:



NASW RRG Plan Administrator  
1200 E. Glen Avenue  
Peoria Heights, IL 61616-5348  
License: CA# 0F76076, AR# 1322

The NASW RRG Inc. supports this policy with its full faith, credit and assets.

This policy is reinsured by Swiss Re America.

