

ADOPTION / FOSTER CARE APPLICATION

Applicant Name:

Mailing Address:

Total Staff (including office, janitorial, maintenance, etc.):

SIC #:

FEIN #:

Non-Profit

For-Profit

Is the Applicant's organization more than 25% owned by a private equity fund structure?

Yes No

If yes, provide name of private equity firm:

Number of years this facility has been: In Operation:

Under current management:

Risk Management Contact:

Number:

Email:

SECTION I

ADOPTION PLACEMENT AGENCY

N/A

FOSTER CARE PLACEMENT AGENCY

N/A

- | | | | |
|-----|--|-----|----|
| 1. | Is the Applicant licensed in all states in which it operates?
List states: | Yes | No |
| 2. | Are the adoption services: Opened Closed
Total number of anticipated adoptions in the next 12 months:
Is the adoption agency Hague approved?
Does Applicant do Embryo Adoptions? | Yes | No |
| 3. | International adoptions:
Total number of anticipated international adoptions in the next 12 months: | Yes | No |
| 4. | Total number of foster families at any one time: | | |
| 5. | Anticipated number of foster children over the next 12 months:
Ages: Less than 1 year: 1-5: 6-10: Over 10:
Please identify the number of special needs foster care placement included in this number: | | |
| 6. | Average number of foster children who are placed multiple times: | | |
| 7. | Total number of training hours for each foster family prior to placement of first child: | | |
| 8. | Total annual number of training hours for each family: | | |
| 9. | Are caseworkers supervised?
Are decisions made by a team? | Yes | No |
| 10. | Are home studies conducted?
What are staff member's credentials? | Yes | No |
| 11. | Is there a written procedure in place to analyze potential applicants? | Yes | No |
| 12. | Are criminal records checked prior to approval of a home? | Yes | No |
| 13. | Does the Applicant verify homeowners insurance or renters insurance? | Yes | No |
| 14. | Does the Applicant have written procedures for dealing with a report of abuse? | Yes | No |
| 15. | Are children given thorough medical examinations, with prior conditions noted, before they are placed? | Yes | No |
| 16. | Is counseling provided to the birthparents after placement? | Yes | No |
| 17. | Are children given to adoptive parents upon release from hospital? | Yes | No |
| 18. | Are they placed in a foster home until the time lapses for the mother to change her mind? | Yes | No |
| 19. | Do the adoptive/foster parents receive special counseling after placement? | Yes | No |
| 20. | Does the Applicant do follow-up visits after placement has been made?
Are these visits unannounced?
How often do they occur?
When do these visits stop? | Yes | No |
| 21. | What are the rights of the child's biological grandparents? | | |
| 22. | Total stipend amount paid to foster parents annually:
Foster Care annual stipend: \$ | | |
| 23. | Total annual receipts for: Domestic Adoptions: \$ International Adoption: \$ | | |

24. Please advise additional screening criteria of Foster Parents to satisfy eligibility for special needs placements, and indicate if follow up visits are more frequent if the placement involves a special needs child.

25. Are any of the Applicant's Foster Care Services contracted to third party organizations, or, does the Applicant conduct any foster care operations as a contractor on behalf of a separate organization? Yes No
 If yes, please complete Section II, Question 8 in its entirety for your Foster Care Services.

SECTION II – FOSTER CARE SERVICES PROVIDER

1. Number of active Foster Homes / Foster Families in service:
2. Total number of Foster Children served annually:
3. Number of years the Applicant has operated Foster Care program:
4. Foster Care Services (check all that apply)

Foster Home/Foster Family Screening (Studies)	Foster Care Assessments	Foster Parent counseling
Foster Home/Foster Family Certification	Case Management	Emergency Shelter
Foster Home/Foster Family Licensing	In Home support services	
5. Please list any affiliated Foster Child Placement Agencies:

- a. Do Agencies listed above carry primary liability insurance? Yes No
- b. Do Agencies listed above offer claim settlements under a state fund? Yes No
6. Does the Applicant follow state regulations mandating Foster Care Procedures? Yes No
7. Are audit procedures in place to ensure home visits are being conducted? Yes No
 Are there standards of practice with respect to documentation and is there a method for immediate reporting / escalation for emergency incidents? Yes No
8. Are any of the Applicant's Foster Care Services contracted to a third party organization, or, does the Applicant conduct any foster care operations as a contractor on behalf of a separate organization? Yes No
 If yes, please answer the below:
 - a. Does the Applicant confirm that General Liability coverage, Professional Liability coverage and Sexual Abuse or Molestation Liability coverage are carried at equal limits by all contracting parties? Yes No
 - b. Does the Applicant require independent contractors to add them as additional insured onto their policy? Yes No
 - c. Is the Applicant required by written contract to hold harmless, indemnity or add any third party organization as additional insured? Yes No
 - d. Do all of the Applicant's contracting or subcontracting agreements include hold harmless & indemnification clauses in their favor or, at a minimum, mutually exclusive? Yes No
 - e. Does the applicant execute a hold harmless agreement with the individual foster families that they serve? Yes No
 - f. Please list any third party entities with whom the Applicant has contracted for foster care services and identify what amount of the Applicant's services are provided on a contractual basis:

Contracted Organization	Service	% of Operations
		%
		%
		%
		%
		%
		%
Total		%

Note: Contracts include those in which the Applicant is either the contractor or subcontractor.
 % of operations represents foster care operations, totals should equal 100%.
 All contract agreements and provisions are subject to receipt and review.

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

APPLICABLE IN PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)