



THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED COVERAGE

**ALLIED MEDICAL ADOPTION/FOSTER PLACEMENT AGENCY
SUPPLEMENTAL APPLICATION**

SUBMIT WITH APPLIED MEDICAL GENERAL APPLICATION

SECTION I. OPERATIONS OF LICENSING AUTHORITY

1. Applicant Name: _____
2. Address: _____
3. Contact Name: _____ Telephone: _____
4. Website Address: _____
5. Check applicable type of entity: Government Entity Partnership
 Private Corporation Joint Venture Other (specify): _____
6. Does the Applicant place children in other than individual family residential structures/homes? Yes No
 If Yes, please explain: _____
7. Please list all states in which Adoption and Foster operations are conducted: _____
8. Is the Applicant licensed in all states in which it operates? Yes No
 Please attach copy(ies) of licenses.
9. a. How many years of experience does the Applicant have in adoption or placing foster children? _____
 b. Is this a new venture? Yes No

SECTION II. ADOPTION SERVICES:

1. Provide the annual number (#) of the following professional services:

Completed Adoption Placements	Adoption Placements Not Yet Completed	Pregnancy Counseling Visits	Other (specify):

2. What percentage (%) of children are placed from the following:

Domestic Agencies (State Agencies)	Foreign Operations	Private Placements	Other (specify):

3. What percentage (%) of adoptions are::

Traditional	Open	Semi-Open	Other (specify):

4. Total number of adoptions next twelve (12) months:

Foreign Adoptions Total	Special (Foreign) Adoptions Only	Special (Domestic) Adoptions Only	Domestic Adoptions Total

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5. Are all children adopted from foreign countries screened for disease, illness, etc.? Yes No
6. What procedures are taken if the birth father cannot be found or identified?
 a. Are legal notices to fathers placed in publications? Yes No
 b. If yes, provide details: _____
7. Do contracts signed by adopting parents include a disclaimer and limitation of liability for claims arising from an allegedly unknown father later asserting his parental rights? Yes No
 If No, please explain: _____
8. Do contracts signed by adopting parents of foreign children include a disclaimer of limitation of liability for claims arising from inaccurate and incomplete medical records as well as misrepresentations by foreign officials as to the health or availability of child(ren) to be adopted? Yes No
 If No, please explain: _____
9. List all countries associated with the adoption process: _____

SECTION III. FOSTER PLACEMENT SERVICES

1. Maximum number of foster children in placement at any one time? _____
2. a. How many foster homes are utilized? _____
 b. Who licenses the foster homes? _____
3. Maximum number of foster children placed in one home at any one time? _____
4. Current number of foster placements within last twelve (12) months? _____
5. What is the maximum caseload assigned by the Applicant to any one caseworker or social worker to supervise and monitor the children? _____
6. How are foster households notified of inappropriate or dangerous tendencies, medical conditions and placement history of a foster child? In Writing Verbally

Please attach your policy(ies) and procedures as related to the above questions 1. through 6.

7. What percentage (%) of foster care placements are:

Well Child	Mentally Retarded	Emotionally Disturbed	Other (specify):

8. a. How often are visits made by case workers to each Foster Household?
- | # Per Month | # Per Week | # Other Intervals |
|-------------|------------|-------------------|
| | | |
- b. How do you validate the visits are made? _____
- c. How many visits in the last twelve (12) months have resulted in de-licensing or decertifying foster parents? _____

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2. a. Has any insurance company cancelled or non-renewed coverage? Yes No
If Yes, please explain: _____

- b. If no coverage exists, please explain: _____

3. Date coverage requested (subject to approval): _____

SECTION V. CLAIM ACTIVITY

For the following questions, please give full details or explanation on separate sheets.

IMPORTANT NOTICE: All known claims and/or circumstances that could result in a claim are specifically excluded from coverage. Report all such claims and/or circumstances to your current insurer. If any circumstance, act, error, or omission exists that could result in a claim, then such claim and/or any claim arising from such act, error, omission or circumstance is excluded from coverage that may be provided under this proposed insurance. Further, failure to disclose such claim, act, error, omission or circumstance may result in the proposed insurance being void and/or subject to recession.

1. Has the Applicant had any claims made against it in the last five (5) years because of the acts of the foster parent or foster child? Yes No
2. How does the Applicant monitor and track all claims or suits against it because of acts of foster parents? _____

3. a. Have any errors and omissions claims or suits been made against the Applicant or its predecessor within the past five (5) years? Yes No
b. If Yes, please indicate total numbers of claims: _____
4. Have any past or present personnel of the Applicant been the subject of a complaint, investigation or disciplinary action by any local, state or federal authorities? Yes No
5. Have any past or present personnel of the Applicant been under investigation, subject to an indictment or been convicted of criminal activity? Yes No

SECTION VI. ATTACHMENTS TO APPLICATION

Please include the following in addition to this application:

1. A copy of the licensing requirements for foster parents in your state;
2. Minimum of five (5) years loss history;
3. Copy of policy and procedures covering placement and supervision of parents and children;
4. Copy of contract or agreement with parents and rules and regulations provided foster parents by Applicant.