

Western World Insurance Company

Tudor Insurance Company

Stratford Insurance Company

**For
Foster Care
(Use with Social Services Application A-79)**

1. Name of applicant _____

Street _____

City _____ State _____ Zip _____

2. Is applicant a: Government Entity Private Non-profit Corp. For profit Corp.

3. Total funding: _____

4. Number of Foster Care homes utilized: _____

Total number of beds available: _____

5. Maximum number of children per home: _____ Age range of foster children: _____

6. Does the Applicant certify the foster homes? Yes No

7. Does the Applicant perform background/reference checks? Yes No

Are police records checked? Yes No

8. How often do social workers visit the foster homes? _____

9. Number of annual foster care placements: _____

Number of annual adoptions: _____

10. Staffing:	Number of:
Management	_____
Social Workers	_____
Counselors	_____
Others (Specify)	_____

11. Has the applicant had any claims or incidents in the past 5 years that may give rise to a claim? Yes No

If yes, complete details _____

12. Please attach copies of brochures and foster care protocols.

13. Limits requested: _____

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____