

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: \_\_\_\_\_