

**APPLICATION
ADOPTION AGENCY ERRORS AND OMISSIONS INSURANCE
CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS															
1. Full name and address of Applicant.	1.															
2. Address(es) of Branch Office(s).	2.															
3. Date Established.	3. _____															
4. The Applicant is:	4. <input type="checkbox"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.															
5. Furnish the number of Staff: a) Administrators; b) Nurses; c) Social/Case Workers; d) Other Employees (Secretaries, Clerks, etc.).	5. <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Full Time</td> <td style="text-align: center;">Part Time</td> </tr> <tr> <td>a)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Full Time	Part Time	a)	_____	_____	b)	_____	_____	c)	_____	_____	d)	_____	_____
	Full Time	Part Time														
a)	_____	_____														
b)	_____	_____														
c)	_____	_____														
d)	_____	_____														
6. a) Furnish the following information on all principals and administrators:	6. a)															
<u>Full Name</u>	<u>No. Years Experience</u>															
<u>Professional Qualifications</u>	<u>How Long a Principal</u>															
b) Attach resumes of the principals and professional staff.	b)															
7. a) Furnish estimated gross receipts for the NEXT fiscal year;	7. a) \$ _____															
b) Furnish gross receipts for the current year and the past TWO years.	b) 19__ \$ _____ 19__ \$ _____ 19__ \$ _____															

QUESTIONS	ANSWERS
<p>8. Furnish the percentage of professional services for the following:</p> <p>a) Adoption studies and placements; b) Pregnancy counseling; c) Foster home placement; d) Other _____ _____.</p>	<p>8.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____ b) _____ c) _____ d) _____</p> <p style="text-align: right;">Total 100%</p>
<p>9. Furnish the percentage of children placed from the following sources:</p> <p>a) Domestic agencies; b) Outside the United States; c) Private placements; d) Other _____ _____.</p>	<p>9.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____ b) _____ c) _____ d) _____</p> <p style="text-align: right;">Total 100%</p>
<p>10. Furnish the percentage of adoptions for each of the following:</p> <p>a) Traditional; b) Open; c) Other _____ _____.</p>	<p>10.</p> <p style="text-align: center;"><u>%</u></p> <p>a) _____ b) _____ c) _____</p> <p style="text-align: right;">Total 100%</p>
<p>11. Furnish the following:</p> <p>a) Copies of advertisements,, brochures, and descriptive literature;</p> <p>b) Sample contract between Applicant and clients outlining services to be rendered;</p> <p>c) Sample consent forms, including: 1) Consent to adoption; 2) Custody agreement; 3) Parental affidavit; 4) Adoption and/or foster home placement agreement; 5) Authorization for medical treatment; 6) Adoptive parents acknowledgement; 7) Application form for adoption.</p>	<p>11.</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>1) 2) 3) 4) 5) 6) 7)</p>
<p>12. Furnish the states inwhich the Applicant is licensed, and attach a copy of the license.</p>	<p>12.</p> <p>_____ _____ _____</p>
<p>13. Furnish the ages of the children placed for adoption.</p>	<p>13.</p> <p>_____</p>

QUESTIONS	ANSWERS
<p>14. For adoptions outside the United States, do the procedures require screening for:</p> <p>a) Hepatitis;</p> <p>b) Tuberculosis;</p> <p>c) Intestinal parasites.</p>	<p>14.</p> <p>a) YES/NO</p> <p>b) YES/NO</p> <p>c) YES/NO</p>
<p>15. a) Attach a description of the Agency's procedure concerning release of medical and biological information about the birth parents and the adoptive child;</p> <p>b) Does the Applicant release all such information to the adoptive parents?</p> <p>c) If "No," furnish full details.</p>	<p>15. a)</p> <p>b) YES/NO</p> <p>c)</p>
<p>16. a) Furnish the procedures followed if the birth father cannot be identified or found.</p> <p>b) Does the Applicant place legal notice to fathers in publications?</p> <p>c) If "Yes," furnish full details.</p>	<p>16. a)</p> <p>b) YES/NO</p> <p>c)</p>
<p>17. a) Furnish the following information about other insurance carried by the Applicant:</p> <p>1) General Liability;</p> <p>2) Medical Malpractice;</p> <p>3) Counselor's/Psychologist's Errors and Omissions.</p> <p>b) Does the general liability insurance include personal injury coverage?</p>	<p>17. a) Insurance Co. Policy Limit Expiration Date</p> <p>1) _____ \$ _____ _____</p> <p>2) _____ _____ _____</p> <p>3) _____ _____ _____</p> <p>b) YES/NO</p>

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<p>18. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>18. a) YES/NO</p> <p>b)</p>																								
<p>19. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>19. a) YES/NO</p> <p>b)</p>																								
<p>20. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>	<p>20. a) YES/NO</p> <p>b)</p>																								
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_____	_____	_____	_____	_____	_____																				
<p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<p>c) YES/NO</p> <p>d) _____</p>																								

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<p>21. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>21. a) YES/NO</p> <p>b)</p>
<p>22. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>22. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>23. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. 	<p>23. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____

QUESTIONS	ANSWERS
24. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application? b) If "Yes," furnish full details.	24. a) YES/NO b)
25. Does the Applicant agree that this Application is for a CLAIMS MADE policy?	25. YES/NO
26. a) Limit of Liability required? b) Amount of deductible required?	26. a) \$ _____ Each Claim/Aggregate b) \$ _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

*Name of Firm: _____

By: _____
 (Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19_____

**Signing this form does not bind the Applicant or the Company to complete the insurance.*