



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
800-257-5590 • Fax 800-478-9880

FOSTER PARENT APPLICATION

General Information

Date: _____

1. Applicant (full legal name of person to be insured): _____
2. Street Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone Number: _____ Email: _____
5. Contact Person: _____
Producer's Name: _____ Producer's Phone: _____
Producer E-mail: _____

Adoption Information

1. Are you properly licensed by the state to care for children taken from their home? Yes No
If yes, how long have you been licensed for? _____ When does your license expire? _____
2. Have you previously been licensed to care for children or adults? Yes No
If Yes, please answer the following: City, State: _____ Type of Care: _____
Date of Licensure: _____
3. Please list all biological family member and/or roommates sharing the household with Foster Children:

<u>Name:</u>	<u>Birthdate:</u>	<u>Sex:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. Are any household members formerly adopted: Yes No
If yes, please explain: _____
5. What is the maximum number of children you are approved by the state to foster at any one time? _____
6. How many children are you currently fostering: _____
 - a. Name(s): _____
 - b. Birthdate(s): _____ Sex: _____ How long have they lived with you? _____
7. Do any of the children you are currently fostering have juvenile and/or criminal records? Yes No
If yes, please explain: _____
8. On average, how long does a foster child stay in your care? _____
9. Do you or anyone in your household have a criminal record? Yes No
If yes, please explain: _____
10. Have you or any member or your household ever been subject of an investigation by Child Protective Services? Yes No
If yes, please explain: _____
11. Have you or your partner ever had a child or children placed outside of your home? Yes No
If yes, please list: _____
12. Have you ever had any criminal or civil allegations from a foster child or foster child's family? Yes No
If yes, please explain: _____
13. What type of housing do you live in? _____
 - a. Do you own or rent your home? _____
 - b. Length of time at this residence? _____

c. Is there a swimming pool or trampoline on your property?

Yes No

If yes, is it securely fenced?

Yes No

14. Do you have any pets?

Yes No

If yes, please list the following:

	<u>Name:</u>	<u>Breed:</u>	<u>Age/Weight:</u>	<u>Previous incidents:</u>
--	--------------	---------------	--------------------	----------------------------

1	_____	_____	_____	_____
---	-------	-------	-------	-------

2	_____	_____	_____	_____
---	-------	-------	-------	-------

15. Do you, your partner or any members of your household, have any chronic illnesses, handicaps, or history of a mental illness that may affect your capacity to parent a child, who may be physically or behaviorally challenging?

Yes No

If yes, please explain: _____

16. References:

	<u>Name:</u>	<u>Relationship:</u>	<u>Address:</u>	<u>Phone Number:</u>
--	--------------	----------------------	-----------------	----------------------

1	_____	_____	_____	_____
---	-------	-------	-------	-------

2	_____	_____	_____	_____
---	-------	-------	-------	-------

Would you like coverage for any of the following?

Sexual Abuse & Molestation Assault & Battery Concealed Weapons

Rescue & Evacuation

Select Limit: \$5,000 \$10,000 \$15,000

If checked, schedule activities: _____

Limits of Liability - Please select limits:

\$5,000 per accident / \$5,000 aggregate

\$10,000 per accident / \$10,000 aggregate

Other: _____

Self-Insured Retention (SIR): \$500 \$1,000 Other: \$_____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Print Name: _____

Signature: _____