



**FOSTER CARE SUPPLEMENT  
PUBLIC SECTOR SERVICES**

Name of Insured		Proposed Effective Date	
1. Social Services Department *Employees (Described Professionals)		<b># Full-Time</b>	<b># Part-Time</b>
Social Worker(s) or Case Worker(s)			
Counselors - Describe type:			
Therapists - Describe type:			
Other:			

\*There is no coverage for any doctor.

2. Are you responsible for licensing foster homes? ..... Yes No  
*If yes, describe process:*

*If yes, what is the average number of families that each social worker (or case worker) is responsible for monitoring?*

*If no, who is responsible?*

3. Hiring/screening procedures for Social Workers, Counselors, and Case workers:

a. Do you require proof of licenses, diplomas, and certificates? ..... Yes No

b. Do you obtain criminal background checks, including finger prints?

1. Local ..... Yes No

2. Federal ..... Yes No

4. Have you had any claims in the past five years involving foster care families or foster children? ..... Yes No  
*If yes, please describe:*

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

Signature	Date
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