



Atlantic Specialty Lines, Inc.

ALLIED MEDICAL ADOPTION/FOSTER PLACEMENT AGENCY SUPPLEMENTAL APPLICATION

SUBMIT WITH ALLIED MEDICAL GENERAL APPLICATION

ADOPTION SERVICES:

1. Provide the annual number (#) of the following professional services:
 - a. Completed Adoption Placements _____
 - b. Adoptions Placements not yet completed _____
 - c. Pregnancy Counseling Visits _____
 - d. Other (*specify*): _____

2. What percentage (%) of children are placed from the following:
 - a. Domestic Agencies (state agencies) _____
 - b. Foreign Operations _____
 - c. Private Placements _____
 - d. Other (*specify*): _____

3. What percentage (%) of adoptions are:
 - a. Traditional _____
 - b. Open _____
 - c. Semi-Open _____
 - d. Other (*specify*): _____

4. Total number of adoptions next 12 months:
 - a. How many Foreign Adoptions total _____
 - b. How many Special (*foreign*) Adoptions only _____
 - c. How many Special (*domestic*) Adoptions only _____
 - d. How many Domestic Adoptions total _____

5. Are all children adopted from Foreign countries screened for disease, illness, etc.? No Yes
6. What procedures are taken if the birth father cannot be found or identified?
 - a. Are legal notices to fathers placed in publications? No Yes
 - b. Provide details: _____

7. Do contracts signed by adopting parents include a disclaimer & limitation of liability for claims arising from an allegedly unknown father later asserting his parental rights?
If "No," please explain _____ No Yes

8. Do contracts signed by adopting parents of foreign children include a disclaimer of limitation of liability for claims arising from inaccurate and incomplete medical records as well as misrepresentations by foreign officials as to the health or availability of child(ren) to be adopted?
If "No," please explain _____ No Yes

9. List all countries associated with the adoption process: _____

FOSTER PLACEMENT SERVICES:

- 10. How many licensed Foster Care Beds _____
 - a. How many Foster Homes are utilized _____
 - b. Current number of Foster Placements _____
 - c. Est. number of Placements after 12 months _____
 - d. Who licenses the Foster Homes? _____

- 11. What percents (%) of Foster Care Placements are:
 - a. Well Child _____
 - b. Mentally Retarded _____
 - c. Emotionally Disturbed _____
 - d. Other (*specify*): _____

12. How often do social workers visit a Foster Home? _____

13. What percentage of children are removed from their parents home involuntarily: _____ %
By whose authority? Explain procedure: _____

14. Describe procedure for handling a child's allegation of sexual or physical abuse: _____

- 15. Do screening procedures for *foster parents and adoptive parents* include:
 - a. Background and/or FBI check? No Yes
 - b. Reference research? No Yes
 - c. Screening for a criminal record? No Yes

16. Do the physicians carry their own malpractice insurance? No Yes
Indicate company, limits and effective dates: _____

Please attach a copy of the following with your submission:

- Contract between the applicant and the clients (ie. adoptive parents, birth parents, etc.) which states the services that are, have been or will be provided, including statement of risk and waiver.
- Birth parent(s) consent form
- Adoption placement agreement
- Adoptive parents acknowledgment

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 * not applicable in all states

Applicant's Signature

Sub-Producer

Title/Date

Producer