

STATE OF OKLAHOMA FOSTER CARE PROGRAM

SUMMARY OF INSURANCE

FOSTER CARE LIABILITY INSURANCE

Carrier: James River Insurance Company

Broker: Marsh USA

Policy No.: 00044673-13

Policy Term: August 30, 2023 to August 30, 2024

Limits of Liability:	General Aggregate	\$5,000,000
	Products / Completed Operations Aggregate	Excluded
	Personal & Advertising Injury	Included
	Each Foster Household Occurrence – Each Claim	\$300,000
	Each Foster Household Aggregate – Each Household	\$300,000
	Damage to Property you Own or Premises Rented to you – Each Claim	\$5,000
	Medical Expense	Excluded
	Property Damage Deductible – Per Claim	\$250

Coverage Trigger: Claims Made Form with August 30, 2010 Retro Date

Terms and Conditions as Per Coverage Form: CG 0002 (12/07)

Notable Endorsements

(At Policy Inception):

AP0001US-0403 Schedule A

CG0002-1207 Commercial General Liability Coverage Form -Claims Made

AP2700US-0107 General Liability Changes Claims-Made to Claims-Made and Reported

AP2702US-0107 Extended Reporting Period Endorsement

AP2704US-0406 Restricted Reporting Endorsement

AH2302US-0905 Physical Abuse or Sexual Misconduct Limits of Liability Endorsement

- Each Claim Limit: \$100,000

- Aggregate Limit: \$100,000

AH2307US-1016 Deductible Endorsement - Damages and Expenses

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AP2103US-0607 Minimum Policy Premium

AP2108US-0811 Supplementary Payments (Defense Costs) within Limits of Insurance

AP2300US-1106 Composite Rate Endorsement

- \$90.25 per family in excess of 4,500 foster households

AH2305US-0912 Professional Liability Endorsement (Claims-Made and Reported)

AP2104US-1012 Common Policy Conditions

AP2107US-0403 Binding Arbitration

CG2139-1093 Contractual Liability Limitation

AP2008US-0712 Limitation of Coverage to Designated Premises

- Foster Households as on file with Company

CG0068-0509 Recording and Distribution of Material or Information in Violation of the Law Exclusion

CG2107-0514 Exclusion - Access or Disclosure of Confidential or Personal Info and Data-Related Liability - Limited BI Exception Not Included

CG2135-1001 Exclusion - Coverage C - Medical Payments

CG2147-1207 Employment-Related Practices Exclusion

CG2167-1204 Fungi or Bacteria Exclusion

IL0021-0908 Nuclear Energy Liability Exclusion

AH2300US-0205 Additional General Liability Exclusions

AP2031US-0411 Exclusion - Cross Suits

AP2032US-0518 Exclusion - Employers Liability

AP2036US-1105 Absolute Pollution and Pollution Related Liability – Exclusion

AP2102US-0403 Communicable Disease Exclusion

AP2106US-0812 Absolute Auto, Aircraft and Watercraft Exclusion

AP2111US-1105 Exclusion - Punitive Damages

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AP5054US-0311 Combined Policy Exclusions

AP5027R-0115 Rejection of Coverage for Certified Acts of Terrorism Coverage

CG2175-0115 Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States

IL1201-0403 Policy Changes - Amended Covered Persons and Entities

IL1201-0403 Policy Changes - Property Damage to Property of a Named Insured:

A. Subject to the Deductible \$250 we will pay at "Actual cash Value" up to \$5,000 on behalf of an insured for "Property Damage" to property of an insured for "Property Damage" to property of and insured unintentionally caused by one or more "Foster Children" in the care, custody and control of a "Named Insured" , if the act causing the damage occurred during the policy period.

IL1201-0403 Policy Changes - Deductible Endorsement

- Bodily Injury Liability \$0 per claim
- Property Damage Liability \$250 per claim

IL1201-0403 Policy Changes - Professional Liability Endorsement - Professional Liability Endorsement (Claims-Made And Reported)

IL1201-0403 Policy Changes - Amendment of Section IV-Definitions

IL1201-0403 Policy Changes - Coverage Extension – Guaranteed Rate

ILP001-0104 US Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders



Property Damage Claim Form

State of Oklahoma Foster Parent Insurance Program - 00044673

General Information

Foster Parent

Name: _____

Complete

Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____ Email: _____

Date of DHS Approval of Parent as Foster Parent: __/__/__ Date of Child Placement: __/__/__

Incident Information

Nature of Incident: Foster Parent Property Damage _ Damage to Property of Others _

Date of Incident: __/__/__ Time: _____ am/pm Location: _____

Description of Incident: _____

Property Owner:

Name: _____ Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Email: _____ Relationship to Foster Child: _____

Description of Property Damage: _____

Estimated cost to repair: _____

Witness Information:

Name: _____ Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Email: _____ Relationship to Foster Child: _____

Was the incident reported to Police and/or Fire Department: Yes _ No _

If yes, when was the incident reported: _____

If yes, who reported the incident: _____

Have you received: Letter from attorney _ Lawsuit _ Other _ If other, please explain: _____

Please attach copies of any papers, documents, written receipts and/or proof(s) of payment that you have regarding this claim. Please include any additional information on a separate sheet of paper.

Signature: _____ Print Name: _____ Date: __/__/__

If you have any questions, please call Brandon Story at 804-289-2758
Submit Report to: James River Insurance Company Claims Department
All Claims: FAX: 804.420-1058 _ Email: New.claimsnotices@Jamesriverins.com
Mail: 6641 West Broad Street, Suite 300 Richmond, VA 23230