

## **INSURANCE AND SAFETY VERIFICATION**

New Applicant   Renewal			
	Date:		
IDENTIFYING INFORMATION			
Family Last Name:	Phone Number:		
Address:			
Town/City:			
To ensure the Division for Children, Youth and Familie and understand the necessity of keeping your living envir complete the following:			
INSURANCE INFORMATION			
I have homeowner's or renter's liability insurance cov Company:	C C		
Policy Number:			
<ul> <li>I have vehicle liability insurance coverage.</li> <li>Company:</li> <li>Policy Number:</li> </ul>	Effective Date:		
	, ' C' 1		
This homedoesdoes notFirearms and ammunition are stored in separate locked cont			
I agree to keep all firearms or dangerous weapons foster children.			
All the family vehicles have current car inspection stickers.	Yes 1	No	
I agree to keep all vehicles in a safe running condi-	tion.		
I agree that any person transporting foster children	will have a valid driver's license.		
Name:	Driver's License Number:		
Name:	Driver's License Number:		
	above noted address properly installed,	and in a good	

a lapse in coverage. I also certify that if my driver's license, automobile registration, or automobile inspection expires that I will renew it without a lapse.

Signed:	Date:
Signed:	Date: