



# Liability Insurance Notice to Parents or Guardians

## Family Child Care

Use this form for notification of policy lapse; notification of change in insurance coverage; annual notification of no insurance coverage.

Name of License Holder <b>Jeanine Hill</b>		Address of License Holder <b>4742 106<sup>th</sup> Ave NE</b>	
City <b>Circle Pines</b>	State <b>MN</b>	Zip Code <b>55014</b>	Phone Number of License Holder <b>561-929-5870</b>

Minnesota Statute, section 245A.152 (d), the license holder must notify all parents and guardians in writing immediately of any changes in insurance status. Minnesota Statute, section 245A.152 (b) (3), upon expiration of the policy, the license holder must provide a new written notification if the insurance policy has lapsed.

### A. Notice of Insurance Policy Change or Expiration

- I have changed my liability insurance coverage effective as of \_\_\_\_\_
- I have a new liability insurance policy that expires on **03/20/2020**
- I have not renewed my liability insurance and no longer have coverage. It expired on \_\_\_\_\_

Minnesota Statute, section 245A.152 (c), if the license holder does not have liability insurance, the license holder must provide annual notice, on this form, to the parents or guardians of children in care indicating that the license holder does not have liability insurance.

### B. Annual Notification of No Liability Insurance

- I do not carry liability insurance on my family child care program.

Name(s) of Enrolled Child(ren)

Parent Signature	Date
Parent Signature	Date
Provider Signature <b>J Hill</b>	Date