

FAMILY CHILD CARE LIABILITY INSURANCE NOTICE TO PARENTS/GUARDIANS

- Notification of policy renewal or lapse
- Notification of change in insurance status
- Annual notification of no liability insurance

NAME OF LICENSE HOLDER _____

ADDRESS OF LICENSE HOLDER _____

CITY, STATE, AND ZIP CODE _____

PHONE NUMBER OF LICENSE HOLDER _____

LICENSE NUMBER OF LICENSE HOLDER _____

_____ **A.** Notice of Insurance Policy Renewal or Lapse
My liability insurance policy expiring on _____ has:
(Date)

Been renewed and the new expiration date is: _____
(Date)

Lapsed and I no longer have liability insurance.

(Pursuant to Minnesota Statute, section 245A.152 (b) (3), upon expiration date of the policy, the license holder must provide a new written notification whether the insurance policy has lapsed or whether the license holder has renewed the policy.)

_____ **B.** Notification of any change in insurance status:

Describe change: _____

Effective date: _____

(Pursuant to Minnesota Statute, section 245A.152 (d), the license holder must notify all parents and guardians in writing immediately of any changes in insurance status.)

_____ **C.** Annual Notification of No Liability Insurance.

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

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

NAME OF ENROLLED CHILD _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF LICENSE HOLDER _____ DATE _____

SIGNATURE OF LICENSE HOLDER _____ DATE _____