

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 | | Address of License Holder | |
| City | State | Zip Code | Phone Number of License Holder |

[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 _____
- 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 licence 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 | Date |