

## DAY CARE INSURANCE COVERAGE STATEMENT

Name of Provider: \_\_\_\_\_

This is to notify you, my day care parents, that at the present time:

\_\_\_\_\_ I do not carry general liability insurance on my day care business.

\_\_\_\_\_ I carry a lesser limit of liability coverage than required on my day care business at the level of \$\_\_\_\_\_.

According to the Minnesota Rules regulating Family Day Care, I am required to inform you of this fact.

Please sign below to indicate that you have read and understand this notice.

Parent(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_

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