

State of Montana
Department of Public Health & Human Services
Quality Assurance Division – Licensure Bureau Child
Care Licensing

Insurance Verification Form

Based upon the Montana Child Care Act, § 52.2.723, it is required that all registered day care facilities have **CURRENT PUBLIC LIABILITY INSURANCE** and **CURRENT FIRE INSURANCE**

Directors / Providers Name: _____ PV# _____

Facility Address: _____

This Must Be FILLED OUT and SIGNED by the INSURANCE AGENT

_____ at the address of _____
(Daycare Provider Name) (Address that Insurance is effective for)

is covered by a **PUBLIC LIABILITY** insurance policy

provided by _____ The Policy # is: _____
(Name of Insurance Company)

The coverage is provided from _____ to _____ and covers _____ children.
(mm/dd/yyyy) (mm/dd/yyyy)

Does this coverage include overlap children? Yes How many children? _____ No

Is this a new policy for the above named child care provider? Yes No

_____/_____
Agent Signature **Date** **Agent *Phone Number***

This Must Be FILLED OUT and SIGNED by the INSURANCE AGENT

_____ at the address of _____
(Daycare Provider Name) (Address that Insurance is effective for)

The above named is covered by a **FIRE INSURANCE** policy

Provided by _____ The Policy # is: _____
(Name of Insurance Company)

The coverage is provided from _ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Does the provider **Own** or **Rent** the building where the facility is located?

_____/_____
Agent Signature **Date** **Agent *Phone Number ***