

State of Montana
Department of Public Health & Human Services
QAD – Child Care Licensing

Insurance Verification Form

Based upon the Montana Child Care Act, § 52.2.723, it is required that all registered Child Care facilities have current **Public Liability Insurance** and current **Fire Insurance**.

Director/Providers Name: _____ **PV#** _____

Public Liability Insurance –To be completed by the Insurance Agent.

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

Child Care facility address: _____
Street City State

Insurance Company Name: _____

Policy number is: _____

Coverage is provided from _____ to _____ and covers# _____ children.
mm/dd/yyyy (mm/dd/yyyy)

Does this Insurance coverage include overlap children? Yes, how many children? _____ No

Agent Signature **Date** **Phone Number**

Fire Insurance –To be completed by the Insurance Agent. Does provider own or rent the building where the facility is located? Yes No. If you are renting, please provide owner’s fire insurance information below.

Child Care facility address: _____
Street City State

Insurance Company Name: _____

Policy number is: _____

Coverage is provided from _____ to _____
mm/dd/yyyy (mm/dd/yyyy)

Agent Signature **Date** **Phone Number**