

**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: \_\_\_\_\_

Facility Address: \_\_\_\_\_

**This Must Be FILLED OUT and SIGNED By The INSURANCE AGENT**

\_\_\_\_\_ at the address of \_\_\_\_\_  
(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  No If so, how many children? \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agents \*Phone Number\*  
Agent Signature / Date

**This Must Be FILLED OUT and SIGNED By The INSURANCE AGENT**

\_\_\_\_\_ at the address of \_\_\_\_\_  
(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 this fire insurance automatically renewal with the provider's mortgage?  Yes  No

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Agents \*Phone Number\*  
Agent Signature / Date