

## LIABILITY INSURANCE CONFIRMATION

The family day care home provider must maintain and keep on file proof of liability and fire insurance at all times during licensure.

Provider's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I have current liability insurance coverage on my family day care home in an amount that meets or exceeds the minimum amount established by Arlington County Government (\$100,000 per occurrence and \$300,000 aggregate)

Provider's Signature: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge having received the above-  
**(Signature of parent or guardian)**

referenced notification on \_\_\_\_\_.  
**(Date)**