**Insurance Coverage Statement**

Name of Provider: Amber Marsolek

The Minnesota Rule governing family child care indicates that *“A provider shall have a certificate of insurance for the residence for general liability coverage for bodily injury in the amount of at least $100,000 per person and $250,000 per occurrence. If the provider has…lesser limits or no liability coverage, the provider shall give written notice…to parents…”*

This is to notify you that at the present time:

\_\_**X**\_\_ I carry general liability insurance that meets the requirements of the Minnesota Family Child Care Rule.

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

\_\_\_\_\_ I carry a lesser limit liability coverage than stated in the Rule at the level of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

