**Liability Insurance Notice for Family Home Child Care**

I am informing you of my insurance status.

[ ]  I do not carry liability insurance.

[ ]  I do carry liability insurance and I will notify you of changes to my insurance coverage.

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Licensee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature Date

Revised Code of Washington 43.216.700

Licensee must keep this signed form on file.