



*Angels Daycare LLC*  
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Child's Name: \_\_\_\_\_

**INFORMATION AND AGREEMENT  
ADDENDUM  
LIABILITY INSURANCE DECLARATION**

THIS FORM COMPLIES WITH THE REQUIREMENTS OF 63.2-1809.1 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIME WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

**I, \_\_\_\_\_, have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Service (\$100,000 per occurrence and \$300,000 aggregate).**

\_\_\_\_\_ YES   X   NO

I, \_\_\_\_\_, acknowledge having received the  
(signature of parent or guardian)  
above- reference notification on \_\_\_\_\_.  
(date)