

Verification of Liability Insurance

Use this form to indicate whether your operation has liability insurance as required by Human Resources Code (HRC) §§42.049 or 42.0495.

Exception: You are not required to carry liability insurance if you are applying to operate, or have been issued a permit to operate, a relative-only listed family home, a small employer-based child care operation, a temporary-shelter day care program or a state-operated facility.

Directions:

Applicant: Complete this form in its entirety and send it to Child Care Regulation (CCR) at the same time you submit an application.

Permit Holder: Every year after your permit is issued, you must verify your liability insurance coverage with CCR by completing a verification through your online [Child Care Licensing account](#) or by completing and sending this form to CCR. The verification must be completed by the time frame outlined below:

- Licensed operations: The anniversary date of when CCR issued your initial license;
- Registered operations: The anniversary date of when CCR issued your registration; or
- Listed operations: The anniversary date of when CCR issued your listing.

General Information

Operation Name:	Operation Number:
Operation Address:	
Does your operation have liability insurance: <ul style="list-style-type: none">• in the amount of \$300,000 for each occurrence of negligence; and• that covers injury to a child that occurs while the child is in your care, regardless of whether the injury occurs on or off the premises of your operation? <p><input type="radio"/> Yes (if yes, attach a copy of the certificate of insurance) If yes, start date _____ and expiration date: _____</p> <p><input type="radio"/> No. This operation does not have liability of insurance as required by HRC §§42.049 or 42.0495 for the following reason:</p> <p><input type="radio"/> Financial reasons; provide explanation: _____</p> <p><input type="radio"/> Coverage not available from an underwriter; provide explanation: _____</p> <p><input type="radio"/> The limitations of the current policy have been exhausted. Date the policy will be available: _____</p>	

Notification of Lack of Insurance (if applicable)

I understand that Texas law requires my operation to provide written notification to the parent/guardian of each child in my operation's care if my operation does not maintain liability insurance coverage. (HRC §§42.049(c) or 42.0495(c)). Moreover, CCR may impose an administrative penalty if my operation does not notify parents/guardians within the time frame provided in minimum standards (HRC §42.078(e-1)(4)).

Certification and Signature

Signature of Permit Holder, Designee or Director

Date Signed