

State of Montana
Department of Public Health & Human Services
QAD – Child Care Licensing

Insurance Verification Form

Based upon the Montana Child Care Act, § 52.2.723, it is required that all registered Child Care facilities have current **Public Liability Insurance** and current **Fire Insurance**.

Director/Providers Name: Park View Playschool (Dennis & Audrey Kossak) PV#

Public Liability Insurance –To be completed by the Insurance Agent.

Is this a new policy for the above named childcare provider? Yes No

Child Care facility address: 443 Central Ave Whitefish MT
Street City State

Insurance Company Name: Markel

Policy number is: CCG9403-01

Coverage is provided from 08/20/2020 to 08/20/2021 and covers# 12 children.
mm/dd/yyyy (mm/dd/yyyy)

Does this Insurance coverage include overlap children? Yes, how many children? 4 No

Elizabeth A Gustin 08/20/2020 327-6578
Agent Signature Date Phone Number

Fire Insurance –To be completed by the Insurance Agent. Does provider own or rent the building where the facility is located? Yes No. If you are renting, please provide owner’s fire insurance information below.

Child Care facility address: _____
Street City State

Insurance Company Name: _____

Policy number is: _____

Coverage is provided from _____ to _____
mm/dd/yyyy (mm/dd/yyyy)

Agent Signature Date Phone Number