

**LIABILITY AND ACCIDENT MEDICAL INSURANCE COVERAGE CHECKLIST
FOR FAMILY CHILDCARE PROVIDERS**

LIABILITY INSURANCE:

1. **DOES THE POLICY COVER:** Professional Liability (Negligent Supervision) for the Provider, employees, and volunteers? ___ yes ___ no
 - a. Are residents of my household who are not employed in my business insured? ___ yes ___ no
 2. **Are all claims Expenses**, including Attorney fees and investigative costs, paid in addition to all the coverage provided by the policy? ___ yes ___ no
If n, list exceptions: _____
 3. **DOES THE POLICY COVER** Child Abuse, including physical and mental abuse? ___ yes ___ no
 - a. Am I, my employees and volunteers insured if accused of abuse?
 - b. Are residents of my household who are not employed in my business, insured if accused of abuse? ___ yes ___ no
 - c. If an insured under the policy is sued for damages related to child abuse, and loses the case, what is the most you will pay for damages? \$ _____
 4. **DOES THE COMPANY** provide an attorney to represent the Provider at a Regulator's Administrative Hearing resulting from an allegation related to Child Abuse? ___ yes ___ no
 - a. If not, will the company pay for an attorney to represent me? ___ yes ___ no
 - b. What, if any is the limit the company will pay for legal representation? \$ _____
 5. **Is coverage under an _____ Individual policy or _____ master policy?**
 - a. If under a master policy, are the policy and aggregate limit applicable to each named insured certificate holder? ___ yes ___ no
 6. **Is Non-OWNED Auto Coverage** available as an optional coverage? ___ yes ___ no
 7. **If Children are transported**, do you offer optional coverage? ___ yes ___ no
 8. Place an X if coverage is included: (list any exceptions)

_____ Animals	_____ Field trips	_____ Open after normal hours (not emergency)
_____ Dispensing Medication	_____ Infants (no minimum age)	_____ Play Equipment
_____ Food Preparation	_____ Libel, Slander	_____ Swimming pools (On & Off Premises)
- List/Describe Exceptions: _____

ACCIDENT MEDICAL

9. **Does your plan include ACCIDENTAL MEDICAL COVERAGE?** ___ yes ___ no
 - a. Is the accident coverage "Primary" and pay in addition to any other coverage? ___ yes ___ no
 - b. How much could be paid for accident medical expenses for each injured child? \$ _____
 - c. If more than one child is injured in the same accident, will each child have the per child limit stated above? ___ yes ___ no
 - d. Will the policy pay additional medical bills if a child is injured on a field trip? ___ yes ___ no
 - e. Will the policy pay accidental medical bills if the child is injured while riding in a car while under the supervision of an insured? ___ yes ___ no
10. **Deductible for each claim;** Liability Policy: _____ Accident Policy: _____

Company: _____ Completed by: _____ Date: _____