

**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: \_\_\_\_\_