



**Smart Start Day Care Inc.**  
**571-259-2133**  
**Fabiola Nina**

Child's Name \_\_\_\_\_

### 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 TIMES 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 Services (\$100,000 per occurrence and \$300,000 aggregate).**

Yes  No

I, \_\_\_\_\_, acknowledge having received the  
(Signature of parent or guardian)  
above-referenced notification on \_\_\_\_\_.  
(Date)

I no longer 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 Services effective \_\_\_\_\_.  
(Date)

I, \_\_\_\_\_, acknowledge having received the  
(Signature of parent or guardian)  
above-referenced notification on \_\_\_\_\_.  
(Date)