

# Liability Coverage Insurance Checklist for Healthcare Providers

Date: \_\_\_\_\_

To: [Healthcare Provider Name]

Address: [Healthcare Provider Address]

## Checklist Items:

- General Liability Coverage
- Professional Liability Coverage
- Workers' Compensation Insurance
- Automobile Liability Insurance
- Cyber Liability Insurance
- Excess Liability Coverage
- Policy Limits and Deductibles
- Certificate of Insurance
- Claims History Review
- Renewal Dates and Notifications

## Notes:

Please ensure all coverages are adequate and up to date. Review your policy at least annually.

For any questions, please contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]