



Markel Insurance Company

Rhode Island ~ Limit Selection Form

Maximum Number of Children in your care at any one time:	Annual Premium w/ Liability Limits of \$1,000,000 per occurrence \$3,000,000 aggregate *	Annual Premium w/Liability Limits of \$100,000 per occurrence \$300,000 aggregate *
1	\$402	\$282
2	\$408	\$288
3	\$414	\$294
4	\$420	\$300
5	\$426	\$306
6	\$431	\$311
7	\$614	\$440
8	\$620	\$446
9	\$626	\$452
10	\$632	\$458
11	\$638	\$464
12	\$644	\$470
13	\$879	\$635
14	\$885	\$641
15	\$891	\$647
16	\$896	\$652
17	\$902	\$658
18	\$908	\$664

***Premium includes \$20,000 Accident Medical Expense Benefit and \$10,000 Accidental Death Dismemberment**

New and Renewing Family Child Care Insurance Applicants:

- ✓ Complete and Sign Insurance Application

Return Signed Application with:

- ✓ Copy of your State Child Care License/Registration
- ✓ Premium based on the limits you choose & the number of children in your care.
- ✓ *Make check for the full payment payable to:*
CHILD, Inc. ~ P.O. Box 222 ~ Weatogue, CT 06089

Limits Chosen (please check the appropriate box):

- \$1,000,000 per occurrence/\$3,000,000 aggregate
- \$100,000 per occurrence/\$300,000 aggregate

Name of Applicant _____

Signature of Applicant _____ Date _____