



Markel Insurance Company

All Eligible States except California, New York & 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	\$534	\$374
2	\$540	\$380
3	\$546	\$386
4	\$552	\$392
5	\$558	\$398
6	\$563	\$403
7	\$706	\$504
8	\$712	\$510
9	\$718	\$516
10	\$724	\$522
11	\$730	\$528
12	\$736	\$534
13	\$1,007	\$724
14	\$1,013	\$730
15	\$1,019	\$736
16	\$1,024	\$741
17	\$1,030	\$747
18	\$1,036	\$753

***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 _____