



Markel Insurance Company

New York State ~ Limit Selection Form
 (not including the boroughs of New York City)

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	\$462	\$331
2	\$468	\$337
3	\$474	\$343
4	\$480	\$349
5	\$486	\$355
6	\$491	\$360
7	\$576	\$382
8	\$582	\$388
9	\$588	\$394
10	\$594	\$400
11	\$600	\$406
12	\$606	\$412
13	\$939	\$678
14	\$945	\$684
15	\$951	\$690
16	\$956	\$695
17	\$962	\$701
18	\$968	\$707

***Premium includes \$20,000 Accident Medical Expense Benefit, \$10,000 Accidental Death & Dismemberment and \$60 membership fee.**

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 _____