



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	\$534	\$360
2	\$540	\$366
3	\$546	\$372
4	\$552	\$378
5	\$558	\$384
6	\$563	\$389
7	\$674	\$416
8	\$680	\$422
9	\$686	\$428
10	\$692	\$434
11	\$698	\$440
12	\$704	\$446
13	\$1,147	\$799
14	\$1,153	\$805
15	\$1,159	\$811
16	\$1,164	\$816
17	\$1,170	\$822
18	\$1,176	\$828

**\*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 \_\_\_\_\_