



Markel Insurance Company

California ~ 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 | \$605 | \$438 |
| 2 | \$611 | \$444 |
| 3 | \$617 | \$450 |
| 4 | \$623 | \$456 |
| 5 | \$629 | \$462 |
| 6 | \$634 | \$467 |
| 7 | \$917 | \$670 |
| 8 | \$923 | \$676 |
| 9 | \$929 | \$682 |
| 10 | \$935 | \$688 |
| 11 | \$941 | \$694 |
| 12 | \$947 | \$700 |
| 13 | \$1,205 | \$876 |
| 14 | \$1,211 | \$882 |
| 15 | \$1,217 | \$888 |
| 16 | \$1,222 | \$893 |
| 17 | \$1,228 | \$899 |
| 18 | \$1,234 | \$905 |

***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 _____