



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	\$686	\$494
2	\$692	\$500
3	\$698	\$506
4	\$704	\$512
5	\$710	\$518
6	\$715	\$523
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 _____