



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	\$725	\$502
2	\$731	\$508
3	\$737	\$514
4	\$743	\$520
5	\$749	\$526
6	\$754	\$531
7	\$988	\$701
8	\$994	\$707
9	\$1,000	\$713
10	\$1,006	\$719
11	\$1,012	\$725
12	\$1,018	\$731
13	\$1,316	\$934
14	\$1,322	\$940
15	\$1,328	\$946
16	\$1,333	\$951
17	\$1,339	\$957
18	\$1,345	\$963

***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 _____