



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	\$521	\$371
2	\$527	\$377
3	\$533	\$383
4	\$539	\$389
5	\$545	\$395
6	\$550	\$400
7	\$647	\$424
8	\$653	\$430
9	\$659	\$436
10	\$665	\$442
11	\$671	\$448
12	\$677	\$454
13	\$1059	\$759
14	\$1065	\$765
15	\$1071	\$771
16	\$1076	\$776
17	\$1082	\$782
18	\$1088	\$788

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