



Markel Insurance Company

New York City ~ Limit Selection Form
(Brooklyn, Bronx, Manhattan, Queens, and Staten Island)

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	\$893	\$585
2	\$899	\$591
3	\$905	\$597
4	\$911	\$603
5	\$917	\$609
6	\$922	\$614
7	\$1,298	\$854
8	\$1,304	\$860
9	\$1,310	\$866
10	\$1,316	\$872
11	\$1,322	\$878
12	\$1,328	\$884
13	\$1,776	\$1,164
14	\$1,782	\$1,170
15	\$1,788	\$1,176
16	\$1,793	\$1,181
17	\$1,799	\$1,187
18	\$1,805	\$1,193

***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 _____