



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	\$965	\$608
2	\$971	\$614
3	\$977	\$620
4	\$983	\$626
5	\$989	\$632
6	\$994	\$637
7	\$1,430	\$914
8	\$1,436	\$920
9	\$1,442	\$926
10	\$1,448	\$932
11	\$1,454	\$938
12	\$1,460	\$944
13	\$1,978	\$1,268
14	\$1,984	\$1,274
15	\$1,990	\$1,280
16	\$1,995	\$1,285
17	\$2,001	\$1,291
18	\$2,007	\$1,297

***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 _____