



Markel Insurance Company

**Rhode Island ~ 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	\$462	\$342
2	\$468	\$348
3	\$474	\$354
4	\$480	\$360
5	\$486	\$366
6	\$491	\$371
7	\$674	\$500
8	\$680	\$506
9	\$686	\$512
10	\$692	\$518
11	\$698	\$524
12	\$704	\$530
13	\$939	\$695
14	\$945	\$701
15	\$951	\$707
16	\$956	\$712
17	\$962	\$718
18	\$968	\$724

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