



ENROLLING IN CHILD, INC.

- 1. Complete a Family/Group Family Child Care Plus Program Application.**
- 2. Complete the CHILD, Inc. Membership Application/Agreement.**
- 3. Include a check, made payable to CHILD, Inc., for total premium and mail to**

CHILD, Inc. ~ P.O. Box 222 ~ Weatogue, CT 06089

After You Have Enrolled

Insurance coverage for your child care business and the enrolled child care children begin upon receipt of your application, or a start date that you specify, whichever is later.

To Help Keep Accurate Records

CHILD, Inc. memberships include insurance coverage purchased from outside agencies and carriers. Because CHILD, Inc., itself, is not an insurance company; we must refer all inquiries regarding coverage to the program administrator. If you need further information, please contact:

**CHILDREN AND YOUTH INSURANCE DIVISION
NEW ENGLAND INSURANCE SERVICES, INC.
P.O. BOX 63
WEATOGUE, CT 06089-0063**

Toll Free Phone: (888) 845-8288 ~ Fax: (860) 844-8274 ~ info@neisinc.com

Note: All CHILD, Inc. membership insurance benefits are written on "master policies" on which the named insured is listed as "CHILD, Inc. and Its Members". A Member Provider receives a certificate of insurance (proof of insurance coverage) following acceptance of their membership application by both CHILD, Inc. and the insurance companies. For this reason, all Memberships are "provisional" until the provider has received its certificate of insurance. File your certificate in a safe place.

Enrollment

The policy starts and ends each year on September 1st. Individuals may apply for membership insurance benefits at any time during the policy period. It is not necessary to wait until the policy renews each year on September 1st. Please note, however, that premiums and membership fees are "minimum" and can not be pro-rated.

INSURANCE BENEFITS AVAILABLE THROUGH MEMBERSHIP IN CHILD, INC.

I. General Liability Policy

You and Your Business Receives:

	Option #1	Option #2
Limits of Insurance		
General Aggregate Limit	\$3,000,000	\$300,000
Products-Completed Operations	\$1,000,000	\$100,000
Personal and Advertising Injury Limit	\$1,000,000	\$100,000
Each Occurrence Limit	\$1,000,000	\$100,000
Professional Liability	Included	Included
Fire Damage Legal Liability Limit	\$ 100,000	\$100,000
Medical Expense Limit	\$ 5,000	\$ 5,000
Sexual Abuse Aggregate	\$ 200,000	\$200,000
Sexual Abuse Per Person Limit	\$ 100,000	\$100,000

II. Blanket Accident Medical Policy

The Children Enrolled in Your Program Receive:

Blanket Accident and Health Policy		
Accident Medical Expense Benefit Aggregate	\$ 20,000	\$ 20,000
Accidental Death & Dismemberment	\$ 10,000	\$ 10,000

Who is Covered?

You and your child care business, individuals performing functions and/or duties of the named insured are covered by the Liability Insurance. The Blanket Accident Medical policy covers all enrolled children, exclusive of your own children. The limits of the policies apply separately to each child care location.

Covered Activities

I. The Liability Insurance benefit of membership covers all activities involving enrolled children. In addition to the common policy exclusions, there is no liability coverage for situations involving Swimming Pools, Pets, Trampolines, Lead or Asbestos, Transportation, Employment Related Practices, Punitive Damages. This policy does not provide any coverage for exposures relating to providing foster care services.

II. The Accident Medical coverage is provided for activities that are scheduled, sponsored and supervised by you. Coverage is provided for travel to and from activities when your Personal Automobile policy limits are used up in the payment of claims.

Effective Dates

Your membership is effective from the date you initially apply, until the following September 1st. On September 1st each year, all policies expire and are due for renewal.

Who is Eligible

CHILD, Inc. offers coverage to licensed/registered in-home child care providers caring for up to 17 children at any one time. Childcare homes that have swimming pools, trampolines and pets are eligible for membership although no general liability coverage applies in these claim situations. Please contact New England Insurance Services, Inc. for information regarding child care homes with swimming pools. Note that homes with the breeds of either pit bull or rottweiler are ineligible.

CHILD, Inc. MEMBERSHIP APPLICATION/AGREEMENT
Send with Payment and All Appropriate Applications Signed.

1. Provider Information:

Provider Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Fax: _____

Please enter here any persons, landlords, or organizations that you are contractually obligated to name as "Additional Insured" on the policy for your child care business:

OPTION 1: \$1,000,000 per occurrence liability limit/\$3,000,000 liability policy limit
 \$20,000 accident medical expense/\$10,000 accidental death & dismemberment

# of Children	Premium*	Premium after March 1, 2010*
1-9	[] \$494	[] \$262
10-12	[] \$698	[] \$364
13-17	[] \$968	[] \$499

OPTION 2: \$100,000 per occurrence liability limit/\$300,000 liability policy limit
 \$20,000 accident medical expense/\$10,000 accidental death & dismemberment

# of Children	Premium*	Premium after March 1, 2010*
1-9	[] \$368	[] \$199
10-12	[] \$512	[] \$271
13-17	[] \$704	[] \$367

*Premium already includes \$30 membership fee. Do not send any additional money.

Indicate Total Amount Enclosed \$ _____

CHILD, Inc. Membership Agreement

Please accept my child care business as a CHILD, Inc. member from date of application to September 1st. I will keep CHILD, Inc. informed, at all times, of any substantial changes in my child care operation. Further, it is understood that no coverage of any kind under CHILD, Inc. exists prior to receipt of this application and once CHILD, Inc. has remitted fees to the insurers, they are non-refundable.

 Signature of Child Care Provider

 Date Signed

This is where our commitment to you begins:

Markel Insurance Company

Markel Insurance Company is a wholly owned subsidiary of Markel Corporation (NYSE: MKL), a Virginia-based international specialty lines company. You may obtain additional information at www.markelinsurance.com.

Markel Insurance Company develops and underwrites specialty insurance products and programs to a variety of niche markets. MIC is admitted and licensed throughout the United States, and has received high marks for financial stability and claims paying ability from insurance industry analysts.

Markel is committed to giving you the best value for your insurance dollar and in developing partnerships that stand the test of time.

New England Insurance Services, Inc.

New England Insurance Services, Inc. is a Connecticut based independent insurance agency. NEIS, Inc. represents leading insurance companies in a multitude of states to provide its clients with high quality insurance protection ensuring their financial stability.

Within the organization, a Children & Youth Insurance Division exists to meet the unique needs of people who care for children and who are a part of a broad network that embraces children from infancy through their developing years.

New England Insurance Services continues to expand its insurance programs to keep pace with ever changing social issues.

CHILD, Inc.

CHILD, Inc. is a non-profit membership organization who has established a liability insurance program for its members. This risk-purchasing group was initiated in response to the lack of comprehensive and affordable insurance protection for the in-home child care provider.

You dispense love with every lullaby you hum, every bottle you hold, and every hug you give ~ the world owes you much.



FAMILY/GROUP FAMILY CHILD CARE PLUS
PROGRAM APPLICATION

Applicant's Name _____

Business Name _____

Mailing Address _____ City/State/Zip _____

Street Address (if different from mailing address) _____

Phone Number (____) _____

E-mail address _____

Person to contact for safety questions/mailings/info _____

Every question must be completed in its entirety. Please indicate "N/A" beside anything that does not apply to you or your child care operation.

Section I – General Information

Section III – Operations

Section II – Facility

Section IV – Comments

Section I - General Information

1. Child Care License Number _____ License Expiration Date _____
2. What is the maximum number of children your license/registration allows to be in your care? _____
3. What is the maximum number of children in your care at any one time? _____
4. What is the number and ages of children who live with you? _____
5. Number of years experience in child care for the following: You (_____ years), your assistants (_____ years) and your substitute(s) (_____ years).
6. List all specialized training and/or education for the following:
 You _____
 Your assistant(s) _____
 Your substitute(s) _____
 Does all training meet state requirements? Yes No
7. List memberships in any child care associations or other programs relating to caring for children _____

Section II – Facility

8. Child care operates in which of the following? Single family dwelling Multiple family dwelling Apartment (which floor? _____)
9. Is there a fire extinguisher in the home? Yes No
10. How many smoke alarms are there? _____ Is there at least one on every floor (if multiple stories)? Yes No
11. Describe all playground equipment and the maximum height of each item _____

12. How is the play area protected? Fence (Height _____) or Natural boundaries (Describe type of boundary and the Height _____)
13. Do you have a swimming pool, either above or below ground? Yes No
14. Do you have a trampoline? Yes No
15. Is smoking permitted in areas with children? Yes No

Section III – Operations

16. For state licensing/registration requirements, please indicate who has had criminal background checks. Mark all that apply.
 Yourself Your assistants Your substitutes Anyone in your household over the age of 16
17. Do you obtain a physician's statement that qualifies you and all members of your household as medically acceptable to provide child care services? Yes No
18. Is the licensed child care provider under the age of 18? Yes No
19. Are assistants under the age of 18 supervised at all times? Yes No
 If no, explain situations where they would watch children without supervision _____
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20. Are infants under one year old allowed to sleep on their stomachs? Yes No
 If yes, is a physician's written permission obtained for each infant? Yes No
21. Are fire drills conducted in accordance with state guidelines? Yes No
22. Is there a first aid kit in your home? Yes No
23. Do you keep emergency phone numbers for both parents and the children's physicians? Yes No
 If no to either question, explain _____
 Do you keep the numbers updated? Yes No
24. Do you have pets? Yes No
 If yes, please describe the pets and breeds and how you keep them separated from the children. _____
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25. Do you have someone you can use as a back-up care giver in the event of an emergency? Yes No
26. Is someone trained in CPR/First Aid on the premises at all times? Yes No
27. Do you and your staff know how to recognize the signs of abuse, both physical or sexual, and what to do if a child reports someone has abused or molested him or her? Yes No
28. How many field trips do you take monthly? _____ Describe types of trips: _____

For any "Yes" answer to the following questions, details must be fully explained in the Comments section.

29. Do you care for any mentally, emotionally or physically challenged children? Yes No
 If yes, please provide details, including the types and extents of the conditions and any special arrangements you've made for their care.
30. Do you give medicine to children? Yes No
 If yes, are they dispensed in accordance with state guidelines? Yes No
31. Do any children stay overnight? Yes No
 If yes, provide details, including frequency and circumstances.
32. Is any week-end care provided? Yes No
 If yes, provide details, including frequency and circumstances.
33. Has your license or registration ever been suspended or revoked? Yes No
 If yes, provide details and circumstances.
34. Have you ever had an incident which resulted in an allegation of sexual abuse? Yes No
 If yes: Was an insurance claim made? Yes No
 Was the case settled? Yes No
 Was the case taken to trial? Yes No
 What damage amounts were paid, either from settlement or trial? \$ _____
 Please explain details and circumstances about the incident and/or claim.
35. Has there ever been a claim or suit brought against you or your insurance company for any reason? Yes No
 If yes, explain in detail, including amounts paid or reserved.
36. Are you aware of any fact, circumstance, situation or event which might lead to a claim or suit against you?

