



MCCA LIABILITY INSURANCE PROGRAM ENROLLMENT FORM FAMILY CHILD CARE DIVISION



Date of Application: _____ MCCA Membership #: _____

Member's Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (204) _____ Home Fax: (204) _____ Email: _____

Effective date of license: _____ Licensing Status: (In Progress) _____ (Complete) _____

Number of licensed spaces: _____ Facility No: _____

Child Care Co-ordinator: _____ Phone: (204) _____

(If you have recently applied for membership and have not yet received your number, please indicate the date you applied.)

I am aware of the Enhanced Policy Coverage that is available for additional premium of \$30.00 annually.
 Please enroll me I decline the Enhanced Coverage

The Certificate of Insurance covers Family Child Care contents only to a limit of \$10,000.00.
 Do you require more coverage than \$10,000.00 for your child care contents? Premium - \$25.00 annually per \$5,000.00 or portion thereof.
 Yes No If so how much? _____

I/we understand that my/our liability insurance will not take effect until membership in the MCCA has been purchased, and the day my license has been approved by the Manitoba Child Care Program. I/we agree to notify MCCA (5) five working days prior to opening.

I/we hereby agree that I/we accept all the terms and conditions of the General Accident Assurance Company Master Policy for MCCA, and I/we hereby waive any claims with respect thereto against the Manitoba Child Care Association (MCCA) and Cox Morris Insurance Brokers.

I/we understand that my/our eligibility for liability insurance will terminate upon cancellation of membership with MCCA and/or my license/temporary closure. I/we therefore agree to notify MCCA and Cox Morris Insurance Brokers in writing immediately upon termination of license/temporary closure.

_____ Date _____ Signature _____

ALL CHEQUES MUST BE MADE PAYABLE TO COX MORRIS INSURANCE BROKERS

BASIC COVERAGE PAYMENT OPTIONS

In Full \$ 185.00 or \$205.00 for group family child care home post Dated ceques (4) in the amount of \$ 46.25 / \$51.25 (group) each dated January 1, April 1, July 1 and October 1

CK# _____	Dated _____	Amount \$ _____
CK# _____	Dated _____	Amount \$ _____
CK# _____	Dated _____	Amount \$ _____
CK# _____	Dated _____	Amount \$ _____

BASIC & ENHANCED COVERAGE PAYMENT OPTIONS

In Full \$ 215.00 or \$235.00 for group family child care homes or 4 post dated cheques in the amount of \$53.75/\$58.75 (Group) each date January 1, April 1, July 1 and October 1

CK# _____	Dated _____	Amount \$ _____
CK# _____	Dated _____	Amount \$ _____
CK# _____	Dated _____	Amount \$ _____
CK# _____	Dated _____	Amount \$ _____

Credit Card # _____

Expiry Date _____ Signature _____

Name of Cardholder _____

Membership effective/activated by MCCA _____

MCCA Authorization _____

(Signature of Staff)

Dec/2011