



# 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 day care contents? Premium - \$20.00 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 two (2) 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 \$ 160.00 or \$180.00 for group family child care home post Dated Cheques (4) in the amount of \$ 40.00 / \$45.00 (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 \$ 190.00 or \$210.00 for group family child care homes or 4 post dated cheques in the amount of \$47.50/\$52.50 (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) \_\_\_\_\_ Rev: DEC/09