

ENROLLMENT FORM FOR MCCA INSURANCE PROGRAM

CENTRE NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (if different): _____

PHONE NUMBER: _____ ALTERNATE: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

EFFECTIVE DATE OF COVERAGE: _____

AMOUNT OF CONTENTS COVERAGE (REQUIRED BASE IS \$100,000): _____

NUMBER OF LICENSED SPACES: _____ LICENSE NUMBER: _____

MCCA MEMBERSHIP NUMBER: _____

*****MORRIS INSURANCE MUST RECEIVE THIS ENROLLMENT FORM FOR INSURANCE 5 DAYS PRIOR TO THE CENTRE OPENING*****

We hereby agree that we accept all the terms and conditions of the AVIVA INSURANCE COMPANY OF CANADA master policy for the Manitoba Child Care Association (M.C.C.A.) and we hereby waive any claims with respect thereto against the M.C.C.A and Morris Insurance Brokers.

DATE: _____

SIGNATURE OF DIRECTOR OR
BOARD CHAIRPERSON:

PLEASE PRINT NAME AND TITLE:

