



Date of Application: \_\_\_\_\_

MCCA Membership #: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Effective date of license: \_\_\_\_\_

Licensing Status: (In Progress) YES NO (Complete) \_\_\_\_\_

Number of licensed spaces: \_\_\_\_\_

Facility No: \_\_\_\_\_

Child Care Coordinator: \_\_\_\_\_

Co-ordinator Phone: \_\_\_\_\_

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

The Certificate of Insurance covers Family Child Care contents only to a limit of \$15,000.00.

Do you require more coverage than \$15,000.00 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 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 Morris Insurance Brokers in writing immediately upon termination of license/temporary closure.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**LIABILITY INSURANCE COVERAGE OPTIONS:** PLEASE CHOOSE THE APPROPRIATE OPTIONS THAT BEST PERTAIN TO YOUR CHILD CARE

WHICH TYPE OF FACILITY WILL YOUR FAMILY CHILD CARE BE LICENSED AS:

REGULAR

GROUP

\* ELCC Group Child Care definition: A child care facility operated out of a child care provider's home where 2 providers care for up to 12 children of whom no more than 3 are less than 2 years of age.

**PREMIUMS AND PAYMENT:** BASED ON YOUR COVERAGE OPTIONS ABOVE PLEASE PICK YOUR PREMIUMS AND PAYMENT PLAN. PLEASE NOTE ALL PRICES INCLUDE PST.

BASIC PAYMENT OPTIONS:  IN FULL \$230.00

\$57.50 QUARTERLY (cheque only)

GROUP PAYMENT OPTIONS:  IN FULL \$250.00

\$62.50 QUARTERLY (cheque only)

NOTE QUARTERLY PAYMENTS: PLEASE INCLUDE CHEQUES WHICH COVER THE PERIOD FROM YOUR OPENING DATE THRU TO DECEMBER 31ST OF THE CURRENT YEAR. (JANUARY 1, APRIL 1, JULY 1, OCTOBER 1). IF OPENING MID-QUARTER PRO-RATE YOUR FIRST PAYMENT; CONTACT MORRIS INSURANCE WITH QUESTIONS ABOUT PAYMENT 204-885-7582

**ALL CHEQUES MUST BE MADE PAYABLE TO:**

**MORRIS INSURANCE BROKERS**

Credit Card # _____	CVV: _____
Expiry Date _____	Signature _____
Name of Cardholder _____	

Membership effective/activated by MCCA _____
MCCA Authorization _____
(Signature of Staff)