



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: _____

Coordinator Phone: _____

(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 enrol 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 Early Learning and 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:

* 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.

REGULAR

GROUP

WHICH TYPE OF LIABILITY COVERAGE WILL YOU BE APPLYING FOR:

* Enhanced Coverage: Is Basic Coverage plus an enhancement to the policy which includes an additional \$5000 on contents, as well as other coverage as stated in the (MCCA) Family Child Care Liability Insurance Program flyer.

BASIC

ENHANCED

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

REGULAR BASIC PAYMENT OPTIONS: IN FULL \$216.00

\$54.00 QUARTERLY (cheque only)

REGULAR ENHANCED PAYMENT OPTIONS: IN FULL \$248.40

\$62.10 QUARTERLY (cheque only)

GROUP BASIC PAYMENT OPTIONS: IN FULL \$237.60

\$59.40 QUARTERLY (cheque only)

GROUP ENHANCED PAYMENT OPTIONS: IN FULL \$270.00

\$67.50 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 # _____
Expiry Date _____ Signature _____
Name of Cardholder _____ CV _____

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