



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.)

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 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:

* MELCC 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 Brochure.

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 \$199.80

\$49.95 QUARTERLY (cheque only)

REGULAR ENHANCED PAYMENT OPTIONS: IN FULL \$232.20

\$58.05 QUARTERLY (cheque only)

GROUP BASIC PAYMENT OPTIONS: IN FULL \$221.40

\$55.35 QUARTERLY (cheque only)

GROUP ENHANCED PAYMENT OPTIONS: IN FULL \$253.80

\$63.45 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 Michelle Innes AT MCCA FOR THE AMOUNT. 204-586-8587 EXT. 221

ALL CHEQUES MUST BE MADE PAYABLE TO:

MORRIS INSURANCE BROKERS

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

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