



CHILD CARE INSURANCE CHANGE REQUEST FORM

NAME: _____ POLICY#: DAYCAF _____

Use this form to indicate the changes you would like to make to your policy. There is an additional premium due for each option unless it is otherwise noted. You will receive an invoice for the additional premium due on a pro-rated basis. **FOR ADDRESS OR LICENSE CAPACITY CHANGES:** Please forward us a copy of your new license or facility evaluation report.

SECTION 1. LIABILITY COVERAGE POLICY LIMITS – SELECT ONE FROM THE FOLLOWING OPTIONS

I WOULD LIKE TO **INCREASE** MY POLICY LIMITS TO: \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

I WOULD LIKE TO **DECREASE** MY POLICY LIMITS TO: \$300,000/\$600,000 \$500,000/\$1,000,000

PLEASE INDICATE REASON FOR POLICY LIMITS CHANGE BELOW* (REQUIRED)

SECTION 2. OPTIONAL LIABILITY COVERAGE

Select and Indicate below if you wish to add an additional insured. There is no charge for NON Landlord Additional Insured Entities.

ADDITIONAL INSURED: _____

ADDRESS: _____

CONTACT EMAIL OR FAX: _____

IS THE ABOVE ADDITIONAL INSURED A LANDLORD OR LANDLORD ENTITY? (REQUIRED) YES NO

CHECK HERE TO **ADD** HIRED/NON OWNED AUTO COVERAGE, (AN ADDENDUM IS REQUIRED)*

**This coverage will be added at the same level as your current policy limit. You will be required to sign an addendum in order to complete the addition of this coverage.*

SECTION 3. ACCIDENT MEDICAL – OPTIONAL COVERAGE

ADD \$10,000 SUPPLEMENTAL ACCIDENT MEDICAL COVERAGE FOR MYSELF, PARTNER/CO-OWNER OR STAFF MEMBER. THIS PREMIUM IS NOT PRO-RATED, PREMIUM IS FULLY EARNED & NON REFUNDABLE (\$30 PER NAME ADDED)

1.) NAME: _____ ADD AS NEW REMOVE

2.) NAME: _____ ADD AS NEW REMOVE

3.) NAME: _____ ADD AS NEW REMOVE

SIGN TO CONFIRM REQUESTED CHANGES: _____ DATE: _____

MAIL TO ADDRESS BELOW OR EMAIL TO SUBMISSIONS@DCINS.COM

