



NCMIC INSURANCE COMPANY
 1452 29TH STREET STE 102
 WEST DES MOINES, IA 50266-1307
 800-247-8043

PROFESSIONAL LIABILITY DECLARATIONS
Chiropractic Malpractice - Claims Made

Policy #: CM00093695

Policy Period: From 04/18/2001 to 04/18/2002 12:01am
 Standard Time at the address of the Named Insured

Reason for new Declaration:
 New Policy

Named Insured: JAVIER A HUNG DC
 2213 ADDERBURY CT SW
 SMYRNA GA 30082-3669

Person/Entity Insured:

Limits of Liability
 Per Medical Incident/Policy Aggregate

Annual Premium

JAVIER A HUNG DC	100,000/300,000	299.00
Retro Date: 04/18/2001		
Discounts:		
1st Yr License		-224.00
		<u>75.00</u>

State Mandatory Endorsements Made Part of This Policy

- Georgia Punitive Damages Endorsement (Form #11CM-2000 07/1999)
- Georgia Changes Endorsement (Form #11CM-2001 07/1999)
- Georgia Other Insurance Endorsement (Form #11CM-2002 07/1999)
- Georgia Cancellation Provision Endorsement (Form #11CM-2003 07/1999)
- Georgia Discrimination Notice (Form #11003 09/2000)

New App Fee	0.00
Taxes	0.00

Annual Premium 75.00

THIS IS NOT A BILL

Krista Soda

Countersignature

THIS IS YOUR DECLARATIONS PAGE. PLEASE KEEP FOR YOUR RECORDS.
THIS IS NOT A BILL.