



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 04/18/2002 to 04/18/2003 12:01am  
 Standard Time at the address of the Named Insured

Reason for new Declaration:  
 Renewal

**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 Retro Date: 04/18/2001	100,000/300,000	560.00
<b>Discounts:</b> 2nd Yr License		-224.00
		<u>336.00</u>

**State Mandatory Endorsements Made Part of This Policy**

- Georgia Discrimination Notice (Form #11003 09/2000)
- 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)

**New App Fee** 0.00  
**Taxes** 0.00

**Annual Premium** 336.00  
**THIS IS NOT A BILL**

*Krista Soda*

Countersignature

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