

PROFESSIONAL LIABILITY DECLARATIONS
Chiropractic Malpractice - Claims Made

Policy #: CM00093695

Policy Period: From 04/18/2003 to 04/18/2004 12:01am
 Local Time at the address of the Named Insured

Reason for new Declaration:
 Duplicate Declaration Request

Mailing Address: 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 | 1,000,000/3,000,000 | 1,145.00 |
| Retro Date: 04/18/2001 | | |
| Discounts: | | |
| 3rd Yr License | | -286.00 |
| | | 859.00 |

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 | 859.00 |
| THIS IS NOT A BILL | |

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