



NCMIC INSURANCE COMPANY  
 14001 UNIVERSITY AVENUE  
 CLIVE, IA 50325-8258  
 800-247-8043

**PROFESSIONAL LIABILITY DECLARATIONS**  
**Chiropractic Malpractice - Claims Made**

Policy #: CM00093695

Reason for new Declaration:  
 Renewal

Policy Period: From 04/18/2004 to 04/18/2005 12:01am  
 Local Time at the address of the Named Insured

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	1,325.00
Retro Date: 04/18/2001		
Discounts:		
Claim Free Discount		-29.00
4th Yr License		-199.00
		<u>1,097.00</u>

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

- HIPAA Exclusion Endorsement (Form #00-2020CM 10/2002)
- ERISA Fiduciary Liability Exclusion Endorsement (Form #00-2021CM 10/2002)
- 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	1,097.00
<b>THIS IS NOT A BILL</b>	

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