



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

PROFESSIONAL LIABILITY DECLARATIONS
Chiropractic Malpractice - Claims Made

Policy #: CM00093695
Policy Period: From 04/18/2007 to 04/18/2008 12:01am
Local Time at the address of the Named Insured

Reason for new Declaration:
Renewal

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 Retro Date: 04/18/2001	1,000,000/3,000,000	1,495.00
Additional Coverages: Supplemental Legal Defense End (Form #06-2015 05/2006)	Effective Date: 4/18/2007	No Charge
Discounts: Claim Free Discount		-90.00
		<hr/> 1,405.00

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 1,405.00
THIS IS NOT A BILL