



NCMIC INSURANCE COMPANY
 PO BOX 9118
 DES MOINES, IA 50306-9118

TEXAS DEPT. OF INSURANCE
 AUSTIN, TEXAS
 APPROVED
 SEP 02 2014
 58081

CERTIFICATE OF INSURANCE

Policy #: MP00098207
Policy Type: Chiropractic Malpractice - Occurrence
Policy Period: From 09/02/2013 to 09/02/2014 12:01am
 Local Time at the address of the Insured
Insured: Linda N Force DC
 Ste B
 230 Riverstone Pkwy
 Canton GA 30114

Certificate Issued on: 08/01/2014

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policy below.

Coverages:

This is to certify that the policy of insurance listed below has been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions of the policy.

Type of Insurance	Policy #	Effective Date	End Date	Liability Limits
				Per Claim/Policy Aggregate
Professional Liability	MP00098207	09/02/2013	09/02/2014	1,000,000/3,000,000

Jacqueline L. Anderson

 Authorized Representative

Certificate Holder:
 ACTIVE HEALTH CARE
 ATTN CREDENTIALING
 PO BOX 1368
 LILBURN GA 30048

mblue
 Client