

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



CERTIFICATE OF INSURANCE

Certificate Issued on: 05/10/2018

Policy #:

MP00097808

- Policy Type:

Chiropractic Malpractice - Occurrence

Policy Period:

From 06/24/2018 to 06/24/2019 12:01am

Local Time at the address of the Insured

Insured:

Sherry Morrissette DC PC

16-A Nooseneck Hill Rd

West Greenwich RI 02817-1568

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holdes 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

				Liability Limits
Type of Insurance	Policy #	Effective Date	End Date	Per Claim/Policy Aggregate
Professional Liability	MP00097808	06/24/2018	06/24/2019	2,000,000/4,000,000

Authorized Representative

Certificate Holder:

RHODE ISLAND SEC OF STATE ATTN CORPORTIONS DIVISION STATE HEALTH HOUSE 217 **82 SMITH STREET** PROVIDENCE RI 02903

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Form: NCMIC-CERTOCC 08/2014