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

140535

CERTIFICATE OF INSURANCE

Policy #: MP00097808
Policy Type: Occurrence
Policy Period: From 06/24/2023 to 06/24/2024 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

Certificate Issued on: 05/10/2023

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	MP00097808	06/24/2023	06/24/2024	2,000,000/4,000,000

RECEIVED
2023 MAY 30 AM 11:05
R.I. DEPT. OF STATE
BUS SVCS DIV

Authorized Representative

Certificate Holder:

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