



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

REC'D RIDGESS
 24 MAY 21 AM 9:49:35

CERTIFICATE OF INSURANCE

Policy #: MP00097808
Policy Type: Occurrence
Policy Period: From 06/24/2024 to 06/24/2025 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: 05/10/2024

140535

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	06/24/2024	06/24/2025	2,000,000 4,000,000

 Authorized Representative

Certificate Holder:
 RHODE ISLAND SEC OF STATE
 ATTN CORPORATIONS DIVISION
 STATE HEALTH HOUSE 217
 82 SMITH STREET
 PROVIDENCE RI 02903