



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

PROFESSIONAL LIABILITY DECLARATIONS
Chiropractic Malpractice - Occurrence

Policy #: MP00066995

Policy Period: From 08/16/2020 to 08/16/2021 12:01am
 Local Time at the address of the Named Insured

Reason for new Declaration:
 Renewal

Mailing Address: Eric A Wennerholm DC
 2344 Golf Course Rd
 Bayside CA 95524

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| Person/Entity Insured: | Limits of Liability Per Claim/Policy Aggregate | Annual Premium |
|--|---|-------------------|
| Eric A Wennerholm DC | 2,000,000/4,000,000 | 3,082.00 |
| Additional Coverages: | | |
| Audit and Legal Defense Endors (Form #06-2036 06/2018) Initial Act Date: 8/16/2007 Endorsement Inception Date: 8/16/2018 | 60,000/60,000 | No Charge |
| State Licensing Board Prior Ac (Form #06-2038 06/2018) | | No Charge |
| Discounts/Debits | | |
| Claim Free Discount | | -616.00 |
| | | 2,466.00 |

State Mandatory Endorsements Made Part of This Policy

| | |
|--------------|------|
| Taxes | 0.00 |
|--------------|------|

| | |
|---------------------------|----------|
| Annual Premium | 2,466.00 |
| THIS IS NOT A BILL | |

A \$5.00 installment fee will be added to policy premiums paid other than annually.

**THIS IS YOUR DECLARATIONS PAGE. PLEASE KEEP FOR YOUR RECORDS.
 TO CONFIRM COVERAGE, A PAYMENT RECEIPT IS AVAILABLE UPON REQUEST.**

Issued 03/25/2021 at Clive, IA
 Policy: MP2006 06/2018

THIS IS NOT A BILL.

Form: U023 08/14
 Client

- Insured Copy -



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Proof of Insurance has been provided to the following Certificate Holders:

COMPREHENSIVE HEALTH GROUP - PO BOX 920445, NORCROSS, GA 30010
ASH INC - AMERICAN SPECIALTY HEALTH, PO BOX 509001, SAN DIEGO, CA 92150-9001
HUMBOLDT IPA - 2662 HARRIS STREET, EUREKA, CA 95503-4856

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 CLIVE, IA 50325-8258

CERTIFICATE OF INSURANCE

Policy #: MP00066995

Issued 03/25/2021 at Clive, IA

Policy Type: Chiropractic Malpractice - Occurrence
Policy Period: From 08/16/2020 to 08/16/2021 12:01am
 Local Time at the address of the Named Insured

Insured: Eric A Wennerholm DC
 2344 Golf Course Rd
 Bayside CA 95524

This certificate is provided on behalf of the Insured and is for information purposes only and extends no rights to anyone other than the insured. This certificate does not amend, extend or alter the coverage afforded by the policy

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 | MP00066995 | 8/16/2020 | 8/16/2021 | 2,000,000/4,000,000 |



Authorized Representative