

Please Sign and Date the enclosed release form to add ActivHealthCare as a Certificate Holder for your Malpractice Insurance.

Please send the request form directly to your insurance carrier.

This will avoid you having to send us a copy of your declaration page annually and also avoid any additional fee's that we may have to incur due to the request coming from ActivHealthCare.

For your convenience I have listed the fax number for several different Malpractice Insurance Carriers.

NCMIC – 1-800-996-2642 Chiro Secure – 1-480-657-8505 CBS/CNA – 1-888-947-3557 NCC – 1-714-571-1863 OUM – 1-800-453-2776 ACE America – 1-719-528-8323



REQUEST FOR CERTIFICATE OF INSURANCE and CLAIMS HISTORY INFORMATION As a Certificate Holder

TO:				
Name of Insurance Company				
Address	City,	State	Zip	
RE:				
Name of Insured		Policy Number		
Office Address	City,	State	Zip	
I, the above-named insured, au to provide to ActivHealthCare, my professional liability insural date, and coverage limits, as we less than the last five (5) years. certificate holder.	, at the address below, nce coverage and inclu ell as my medical malp	a certificate of ding my policy ractice claims h	insurance verifying number, expiration istory report for no	
Signature of Insured		 Date		

ActivHealthCare 1926 Northlake Pkwy. Ste 100 Tucker, GA 30044 FAX: 678-990-1124