



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

TEXAS DEPT. OF INSURANCE  
 AUSTIN, TX  
 APPROVED  
 SEP 02 2014  
 58081

**CERTIFICATE OF INSURANCE**

**Policy #:** CM00109127  
**Policy Type:** Chiropractic Malpractice - Claims Made and Reported  
**Policy Period:** From 09/24/2014 to 09/24/2015 12:01am  
 Local Time at the address of the Insured  
**Insured:** Ronald J Muirhead DC  
 2110 E Santa Fe  
 Olathe KS 66062

Certificate Issued on: 08/13/2014

**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	CM00109127	09/24/2014	09/24/2015	200,000/600,000

*Jacqueline L. Anderson*

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 Authorized Representative

Certificate Holder:

AFFILIATED CHIROPRACTIC CARE  
 ATTN CREDENTIALING  
 PO BOX 905  
 ANDOVER KS 67002

mrieks  
 Client