



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, authorize and request the above-named insurance company to provide to ActivHealthCare, at the address below, a certificate of insurance verifying my professional liability insurance coverage and including my policy number, expiration date, and coverage limits, as well as my medical malpractice claims history report for no less than the last five (5) years. With this, I authorize ActivHealthCare to be listed as a certificate holder.

Signature of Insured

Date

ActivHealthCare
P.O. Box 1368
Lilburn, GA 30048
FAX: 770-455-6188