



P.O. Box 969 • Lilburn, GA 30048

Phone 770.455.0040 • Toll free 866.374.9558 • Fax 770.455.6188

www.I-AHC.net

Please Sign and Date the enclosed release form to add Integrated-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 Integrated-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 Integrated-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 Integrated-ActivHealthCare to be listed as a certificate holder.

Signature of Insured

Date

Integrated-ActivHealthCare, LLC
P.O. Box 969
Lilburn, GA 30048
Fax 770-455-6188