



The Corporate Center  
Building • Suite 702 • Calle  
Resolucion #33 • San  
Juan, PR 00920-2717

# INVOICE

INVOICE: 04

DATE: Oct 26,2020

To: LABORATORIO CLINICO FRONTERA

110-E  
CALLE MENDEZ VIGO  
MAYAGUEZ, PR,00680

Primary Policy: CLP-20004

Total Amount: 456.00

Invoice	Effective	Description	AMOUNT
04	6/8/2018	Primary Policy: CLP-20004 Effective From: 6/8/2018	\$ 456.00
TOTAL DUE			\$ 456.00

Make all checks payable to: RESOLVE GENERAL AGENCY

**Thank you for your business.**



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### **Medical or X-Ray Laboratories Renewal Endorsement**

**For attachment to Policy No.** CLP-20004

In accordance with the Continuous Renewal endorsement attached to and forming part of the above referenced policy, and subject to the payment of the total renewal premium, the policy will be renewed for the policy period stated below subject to all its terms and conditions.

The policy to which this Renewal Endorsement is attached will be renewed according to the information indicated below, which was previously provided by the Insured to the Insurer. Accordingly, if there has been any change in said information, the insured must notify in writing to the Insurer of such changes before the commencement date of the renewal policy period or immediately upon becoming aware of said changes so that the necessary changes may be made and your policy is not affected. If no changes are notified to the insurer, it is understood and agreed that the information indicated below continues to be valid and correct.

**1. Name Insured:** LABORATORIO CLINICO FRONTERA

**2. Insured Address:** 110-E CALLE MENDEZ VIGO MAYAGUEZ, PR 00680

**3. Policy Period:**

From:	6/8/2018	To:	6/8/2019	** 12.01am standard time at the address of the Named
	12:00:00 AM		12:01:00 AM	Insured

**4. Retroactive Date:** 06/08/2015

**5. Audit Period:** Annually (unless otherwise indicated)

**6. Premium Computation:**

The unit of exposure to which the rates are applied is each \$1,000 of receipts.

Rate:	4.21
Annual Receipts:	\$108,356.00

7. The insurance afforded is only with respect to the following coverages as are indicated by specific premium charge or charges, subject to the limits of a liability stated herein and to all the terms of this policy relating thereto.



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**SCHEDULE\***

Coverages	Limits of Liability	Advance Premium
A - Professional Liability Policy	\$ <u>Not Covered</u> each medical incident \$ <u>Not Covered</u> aggregate	\$ Not Covered
B - Hospital or X-Ray Liability	\$ <u>Not Covered</u> each medical incident \$ <u>Not Covered</u> aggregate	\$ Not Covered
C - Medical or X-Ray Laboratories	\$100,000 each medical incident	\$456.00
	\$300,000 aggregate	
Policy Total	\$100,000 each medical incident	\$456.00
	\$300,000 aggregate	

8. Form Number of endorsements forming part of this policy at issue:

LPL – 003.2 (10/2014)	Mandatory Premium and Coverage Conditions
	Endorsement Puerto Rico
LPL – 003.3 (10/2014)	Continuous Renewal Endorsement
LPL – 003.4 (10/2014)	Statement of Representation and Acceptance

Countersigned on 6/19/2018, at San Juan, P.R., by

Authorized Representative

\*\* Please note that your payment must be received by the Insurer or its authorized representative on or before the commencement date of the policy period indicated above for this policy to be effective or continue in effect, as applicable.



## **INFORMACION IMPORTANTE**

### **PROCESO EN CASO DE**

### **DEMANDA Y/O RECLAMACIÓN EXTRAJUDICIAL**

#### ***A continuación información importante:***

- En caso de usted recibir una demanda y emplazamiento, reclamación extrajudicial o cualquier carta de un paciente o abogado, tiene que comunicarse de inmediato con nuestro Departamento de Defensa al (787) 999-7763 para notificarlo.
- Tiene que enviarnos copia de los documentos. Puede ser por correo electrónico o por fax. El correo electrónico tiene que ir dirigido a Irma Santiago ([isantiago@prmdic.com](mailto:isantiago@prmdic.com)) con copia a Lcda. Noelia Emmanuelli ([nemmanuelli@prmdic.com](mailto:nemmanuelli@prmdic.com)). El fax tiene que indicar que va dirigido a Adriana Ortega del Departamento de Defensa. El número de fax es (787) 993-7763. Luego de enviado por fax, favor de llamar a PRMDIC para confirmar el recibo del mismo.
- Es importante que tenga conocimiento de que el término para contestar la demanda en el tribunal estatal es de 30 días y en el tribunal federal es de 21 días a partir de que se le entregue copia de la demanda y el emplazamiento.
- De no cumplir con dichos términos, el tribunal podrá anotarle la rebeldía. A su vez, la anotación de rebeldía provocará que PRMDIC le pueda negar cubierta o asigne el caso con reserva de derechos.
- Tiene que notificarnos de cualquier potencial reclamación, tan pronto usted tenga conocimiento de la misma.

De usted tener alguna duda o pregunta se puede comunicar con la Lcda. Noelia Emmanuelli al (787) 999-7763.