



#33 Calle Resolución Suite 702 San Juan, PR 00920 Phone (787)999-7763 Fax (787)993-7763

INVOICE #01 Date:10/15/2020

LUIS J CRUZ CINTRON 241 AVE LAS AMERICAS EDIFICIO LA PORRATA PILA PONCE PR 00731 Policy Number: PP-50571

TOTAL AMOUNT: \$1,438.00

Invoice	Effective	Description	AMOUNT
01	08/26/2012	Primary Policy:PP-50571 Effective From 08/26/2012 to 08/26/2013	\$1,238.00
		MED D (O L E L	*****
		eMED Defense Cyber Endorsment	\$200.00
		TOTAL	\$1,438.00

Thank you for your business.

Thank you for your business.



PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

The Corporate Center Building • Suite 702 • Calle Resolución #33 • San Juan, PR 00920-2707

Physicians, Surgeons and Dentists Professional Liability Insurance Policy

This Declarations Page is attached to and forms part of the insurance policy.

DECLARATIONS PAGE

1. **Named Insured**: LUIS J CRUZ CINTRON

2. **Named Insured's** Address: 241 AVE LAS AMERICAS EDIFICIO LA PORRATA PILA PONCE PR 00731

3. Producer: RESOLVE GENERAL AGENCY

E & E MEDINA'S LLC

4. Policy Number: PP-50571

5. **Policy Period** From: 08/26/2012 To: 08/26/2013

Both days at 12.01 A.M. Local Standard Time at the Named Insured's address shown in Item 2.

6. Retroactive Date: 08/26/2011

7. Limits of Liability:

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. Furthermore, separate policies will be issued for each Coverage A and Coverage B when applied for and both coverages are provided by the **Company**.

a.

Limits of Liability	\$100,000	per Medical Incident	\$300,000	aggregate
Premium	\$1,438.00			

Additional Coverages

X eMED Defense Cyber Er	ndorsement	
Limits of Liability	\$ 25,000 per incident	\$ 25,000 aggregate
Sub-Limit for Fines &		\$10,000.00
Penalties		
Deductible		\$1,000.00
Premium		\$200.00

eMED Defense Cyber Endorsement is subject to its own conditions and exclusions. Please refer to Endorsement Form: P-122 attached to this policy.

b. Coverage B – Partnership, Association or Corporation Professional Liability

Limits of Liability	\$N/A	per Medical Incident	\$N/A	aggregate
Premium				No Coverage

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PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

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8. The number of professional **employees** employed by the **Insured** under Coverage B:

Professional Employees	Coverage B
Physicians/ Surgeons / Dentist	No Coverage
Allied Healthcare Providers	No Coverage

- 9. Additional locations under Coverage B:
- 10. The **Named Insured** is engaged in the practice of Internal Medicine- NS 80257 and is dully registered and licensed to practice this profession under the laws of the Commonwealth of Puerto Rico.
- 11. Puerto Rico Physician, Surgeon or Dentist License Number: 12546.
- 12. The **Named Insured**:
 - a. is not connected with any partnership other than that described in item (8);
 - b. is not an owner or operator of a hospital, sanatorium or clinic with bed and board facilities;
 - c. does not perform major surgery;
 - d. does not perform minor surgery;
 - e. does not use X-Ray apparatus for therapeutic treatment;
 - f. has no other professional specialty;

Please list any exceptions to a., b; c; d; e; or f.: n/a.

- 13. Forms and endorsements forming part of this policy at time of issue:
 - a. Form SED: Schedule of Endorsement
 - b. Form E-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Rico
 - c. Form E-103: Continuous Renewal Endorsement

Countersigned on	10/15/2020	in San Juan, PR, by:	
			Authorized Representative

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PHYSICIANS, SURGEONS & DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

CLAIMS MADE AND REPORTED COVERAGE

IMPORTANT NOTICE

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, CONDITIONS, AND EXCLUSIONS, THIS POLICY ONLY PROVIDES COVERAGE FOR **CLAIMS** WHICH ARE FIRST MADE AGAINST AN **INSURED** AND REPORTED TO PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY AS SOON AS PRACTICABLE BUT IN NO EVENT LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OF THE POLICY. EXTENDED REPORTING PERIOD COVERAGE IS AVAILABLE. THE **COMPANY'S** LIABILITY IS LIMITED TO THOSE **CLAIMS** ARISING OUT OF **PROFESSIONAL SERVICES** WHICH WERE RENDERED AFTER THE RETROACTIVE DATE STATED IN THE DECLARATIONS PAGE.

In consideration of the payment of the premium and in reliance upon the representations in the **Insured's** completed and signed application attached hereto and made a part hereof and any materials submitted therewith for this insurance, and subject to the policy wording including the Insuring Agreements, Conditions, Definitions and Exclusions made a part hereof, the **Company** agrees with the **Insured** as follows:

1. INSURING AGREEMENT:

Subject to the limit of liability, the terms, conditions and exclusions applicable to this policy, the **Company** agrees to pay on behalf of the **Insured** with respect only to his practice within the Commonwealth of Puerto Rico:

Coverage A – Individual Professional Liability

All sums which the **Insured** shall become legally obligated to pay as **Damages** because of **Injury** to which this policy applies caused by a **Medical Incident**, occurring on or after the retroactive date, for which a **Claim** is first made against the **Insured** and reported to the **Company** during the **Policy Period**, arising out of the rendering of or failure to render **Professional Services** by the **Insured** as a physician, surgeon or dentist.

Coverage B – Partnership, Association or Corporation Professional Liability

All sums which the **Insured** shall become legally obligated to pay as **Damages** because of **Injury** to which this policy applies caused by a **Medical Incident**, by any person whose acts or omissions the **Organization** insured is legally responsible, occurring on or after the retroactive date, for which a **Claim** is first made against the **Insured** and reported to the **Company** during the **Policy Period**.

2. DEFENSE, SETTLEMENT, INVESTIGATION

The Company shall have the right and duty to defend any Claim against the Insured seeking Damages because of Injury to which this insurance applies even if any of the allegations of the Claim are groundless, false or fraudulent. The Company may make such investigation of any Claim, as it deems expedient, but will not settle any Claim without the Insured's consent. The Insured's consent shall not be unreasonably withheld, nor withheld solely based on the amount of money to be tendered in an offer of settlement. The Insured's consent will be deemed to be given unless written

notice to the contrary is received by the **Company** within thirty (30) days of the mailing of the notice of its intent to settle. The **Company** shall not be obligated to pay any **Claim** or judgment or to defend or continue to defend any **Claim** after the applicable limit of the **Company's** liability has been exhausted by payment of judgment or settlements or by making available to the **Insured** the limits of the policy. All **Defense Expenses** are in addition to the limit of liability.

3. WHEN A CLAIM IS MADE

A **Claim** is first made at the earlier of the following times:

- a. When the **Insured** first gives written notice to the **Company** that a **Claim** has been made;
- b. When the claimant first gives written notice to the Company of a Claim; or
- c. When the **Insured First Discovers** and gives written notice to the **Company** of:
 - i. A specific act, error or omission which may subsequently give rise to an actual **Claim**, arising out of the rendering of or failure to render **Professional Services**;
 - ii. The **Injury** or damage which has resulted or may result from such act, error or omission; and
 - iii. The circumstances by which the **Insured** first became aware of such act, error or omission.

The giving of first written notice to the **Company** shall be considered to have occurred as of the postmarked date of said written notice or if delivered personally, as of the date on which it is received by the **Company**.

Incidents or circumstances reported as part of engineering on loss control shall not be considered notifications of **Claims** or potential **Claims**.

All **Claims** arising out of the same **Medical Incident** shall be considered as having been made at the time the first **Claim** is made.

4. GOOD SAMARITAN CLAUSE

The territorial restriction of this policy does not apply with respect to a **Medical Incident** resulting from incidental and unexpected practice in:

- a. the United State of America, its territories or possessions or Canada, or
- b. international waters or air space, provided the incidental or unexpected practice does not occur in the course of travel or transportation to or from any other country, state or nation.

5. LIMITS OF LIABILITY

Coverage A – Individual Professional Liability

The total liability of the **Company** for all **Damages** because of all **Injury** to which this insurance applies shall not exceed the limit of liability stated in the schedule as "aggregate".

Subject to the above provision with respect to "aggregate" the total liability of the **Company** for all **Damages** because of all **Injury** arising out of any one **Medical Incident** shall not exceed the limit of liability stated in the schedule as applicable to each **Medical Incident**.

Such limits of liability shall apply separately to each **Insured**.

Coverage B – Partnership, Association or Corporation Professional Liability

Regardless of the number of **Insureds** or locations under this insurance or the number of **Claims** made or brought, the **Company**'s liability is limited as follows:

The total liability of the **Company** for all **Damages** because of all **Injury** to which the insurance applies shall not exceed the limit of liability stated in the schedule as "aggregate".

Subject to the above provision with respect to "aggregate", the total liability of the **Company** for all **Damages** because of all **Injury** caused by any one **Medical Incident** shall not exceed the limit of liability stated in the schedule as applicable to each **Medical Incident**.

6. SUPPLEMENTARY PAYMENT

The **Company** will pay, in addition to the applicable limit of liability:

- a. all expenses incurred by the **Company**, all costs taxed against the **Insured** in any **Claim** defended by the **Company**, excluding prejudgment interest, and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the **Company** has paid or tendered or deposited in court the part of the judgment which does not exceed the limit of the **Company's** liability thereon;
- b. all premiums on appeal bonds required in any such **Claim**, premiums on bonds to release attachments in any such **Claim** for an amount not in excess of the applicable limit of liability of this policy, but the **Company** shall have no obligation to apply for or furnish any such bonds;
- c. reasonable expenses incurred by the **Insured** at the **Company's** request in assisting the **Company** in the investigation or defense of any **Claim**.
- d. Up to \$10,000 for attorney fees charged by an attorney selected by the Company, and other reasonable costs and expenses resulting from **Disciplinary Proceedings** incurred as the result of a notice of such **Disciplinary Proceeding** first received by the **Insured** during the **Policy Period** and reported in writing to the **Company** within 30 days after receipt of such notice by the **Insured** and arising out of the rendering of failure to render **Professional Services** by the **Insured**.

However, in no event shall the amount payable hereunder exceed \$25,000 per **Policy Period** regardless of the number of **Insureds** insured hereunder and regardless of the number of such proceedings.

7. RETROACTIVE DATE AND RELATED CLAIMS

This policy only applies to **Medical Incidents** which occur subsequent to the retroactive date specified in the Declarations Page and for which a **Claim** is first made against the **Insured** and reported to the **Company** in writing in accordance with Condition 1 of the policy. All **Claims** arising out of the same **Medical Incident** or interrelated **Medical Incidents** shall be treated as a single **Claim** and considered as having been made at the time the first **Claim** was made. **Claims** arising out of the same **Medical Incident** or interrelated **Medical Incidents** shall be treated as a single **Claim** no matter how many **Insureds** are involved. The inclusion of more than one **Insured** or the making of **Claims** by more than one person or organization shall not operate to increase the **Company's** limit of liability. All related **Claims** shall be subject to the limit of liability applicable to the **Policy Period** in which the first of such related **Claims** was reported.

8. CURRENCY & PAYMENT OF PREMIUMS & LOSSES

The premium and losses under this policy are payable in United States dollars.

9. EXTENDED REPORTING PERIOD ENDORSEMENTS

a. Automatic Extended Reporting Period Endorsement

In the event a **Claim** is reported to the **Company** within sixty (60) days after the expiration of this policy the **Claim** shall be deemed to have been reported on the last day of the **Policy Period**. The policy language that applied immediately prior to the termination date will apply to all **Claims** submitted during the Automatic Extended Reporting Period.

The Automatic Extended Reporting Period ends on the date the **Named Insured** obtains another professional liability coverage providing the same retroactive coverage applicable to the terminated policy or after sixty (60) days, whichever is sooner.

b. Optional Extended Reporting Period Endorsement

In consideration of the General Conditions of the Extended Reporting Period Endorsements stated below and in the event of termination of this policy by reason of non-renewal or cancelation, cause by any of the following events, the **Insured**, his heir or guardian, upon payment of an additional premium to be quoted by the **Company**, which shall no exceed 200 percent of the annual premium for the expiring policy, shall have the option to extend for an unlimited duration the period during which **Claims** may be reported to the **Company**, subject otherwise to all the terms, exclusions and conditions of this policy:

- a. the sudden death of the **Insured**;
- b. the total retirement or voluntary or involuntary total separation of the **Insured** from the practice of medicine;
- c. the disability of the **Insured** to carry on the practice of medicine, but only if such total disability shall have continued without significant interruption for a term of not less than six (6) months; or
- d. non-renewal by the **Company**.

The **Insured**, his heirs or guardian, must inform the **Company** in writing of his intent to purchase the Optional Extend Reporting Period coverage within thirty (30) days from the date of the initial quote was provided and must pay the premium therefore in full within that thirty (30) day period. Failure to so inform and pay the **Company** within this thirty (30) day period shall void the option to purchase the Optional Reporting Period for coverage provided in this section.

The **Insured** must also remit any earned but unpaid premium that may be due under the terminated policy. The policy language that applied immediately prior to the termination date will apply to all **Claims** submitted during the extended reporting period.

Once the Optional Extended Reporting Period is exercised as stated above, the endorsement may not be cancelled and will be valid for an unlimited duration of time. The premium for this option is non-refundable and considered fully earned.

c. Extended Reporting Period Endorsement for Preferred Risk **Insureds**

In consideration of the General Conditions of the Extended Reporting Period Endorsements stated below, if this policy is terminated because of:

- i. the sudden death of the **Insured**; or
- ii. the disability of the **Insured** to carry on the practice of medicine; or
- iii. if the **Insured** retires permanently from the practice of medicine after attaining the age of sixty-five (65) years; and
- iv. the **Insured** has been insured by the **Company** for at least ten (10) consecutive years immediately prior to such termination; and
- v. the **Insured** has not been involved in any **Claim** during said period insured by the **Company** resulting in a payment by the **Company** of any judicial obligation or transaction, **Disciplinary Proceedings** or **Defense Expenses**

then an Extended Reporting Period Endorsement for Preferred Risk **Insureds** of unlimited duration will be provided for no additional premium.

General Conditions of the Extended Reporting Period Endorsements

The Extended Reporting Period Endorsements shall only apply to **Claims** first made against the **Insured** subsequent to the effective date of termination, but only by reason of **Claims** because of **Injury** to which this policy applies arising out of the rendering of or failure to render **Professional Services** by the **Insured** on or after the retroactive date of this policy and prior to the effective date of termination and subject otherwise to all the terms, exclusions and conditions of this policy.

The **Insured** must remit any earned but unpaid premium that may be due under the terminated policy. The policy language that applied immediately prior to the termination date will apply to all **Claims** submitted during the extended reporting period.

Except for the Automatic Extended Reporting Period Endorsement, the Extended Reporting Period coverage will be subject to separate per **Medical Incident** and aggregate liability limits equal to 100 percent of the expiring policies per **Medical Incident** and aggregate limits. The aggregate limits of liability applicable to the Extended Reporting Period will be reinstated once, to the same limits as those applicable to the terminating policy at the time of termination.

The Extended Reporting Period coverage does not extend the **Policy Period**, change the scope of coverage provided, or increase the limits of liability.

Except for the Automatic Extended Reporting Period Endorsement, the **Company** has no obligation to offer or grant any Extended Reporting Period coverage if we cancel or refuse to renew this policy because of the non-payment of premiums.

CONDITIONS

1. INSURED'S DUTIES IN THE EVENT OF CLAIM/POTENTIAL CLAIM

a. As a condition precedent to the protection afforded by this insurance, the **Insured** shall as soon as practicable, but in no event later than sixty (60) days after expiration of the **Policy Period**, give written notice to the **Company** of every **Claim** first made against the **Insured**

during the **Policy Period**. The **Insured** must immediately forward to the **Company** every demand, notice, summons or other legal papers received in connection with the **Claim**. In the event a **Claim** is reported to the **Company** within sixty (60) days after the expiration of this policy, the **Claim** shall be deemed to have been reported on the last day of the **Policy Period**.

b. If an **Insured First Discovers** a **Medical Incident** that may subsequently give rise to a **Claim** otherwise covered by the policy and gives the **Company** written notice of such **Medical Incident** with full particulars during the **Policy Period**, then any subsequent **Claim** made against the **Insured** arising out of the **Medical Incident** shall be treated as if it had been first made during the **Policy Period**. Potential **Claims** reported after termination or expiration date of this policy, will not trigger coverage under the policy.

All written notices should include the date the **Medical Incident** occurred, the date the **Claim** was received (if applicable); how, when and where the **Medical Incident** took place; the names and addresses of any injured persons and witnesses; and the nature and location of any **Injury** or damage arising out of the **Medical Incident**.

2. ASSISTANCE AND COOPERATION

The **Insured** must do nothing after a **Claim** to prejudice the **Company's** rights.

The **Insured** shall cooperate with the **Company** and, upon the **Company's** request, shall assist in the conduct of the **Claim** and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the **Insured** regardless of any **Claim** with respect to which insurance is or may be afforded under this Policy. The **Insured** shall attend all hearings and trials and assist in securing and giving evidence and obtaining witnesses.

In the event any payment is made under this insurance, the **Company** will be subrogated to all of the **Insureds** rights of recovery against any person or organization and the **Insured** will execute and deliver instruments and papers and do whatever else is necessary to secure such rights.

The **Insured** shall not voluntarily make any payment, assume any obligation or incur any expense other than for first aid to others at the time of the **Medical Incident**.

3. OTHER INSURANCE

If the **Insured** has other valid and collectible insurance against a loss covered by this policy, the insurance hereunder shall apply only as excess insurance over any other valid and collectible insurance and shall apply only in the amount by which the applicable limits of this insurance exceed the sum of the applicable limits of liability of all other such insurance.

4. LEGAL ACTION AGAINST THE COMPANY

No action shall lie against the **Company** unless, as a condition precedent there to, the **Insured** shall have fully complied with all the terms of this policy.

5. FALSE OR FRAUDULENT CLAIMS

If the **Insured** shall give notice of any **Claim** or potential **Claim** knowing the same to be false or fraudulent, this insurance shall become void and all rights hereunder shall be forfeited by the **Insured**.

6. INSPECTION AND AUDIT

The **Company** shall be permitted, but not obligated, to inspect the **Insured's** property, operations and/or records at any time. Neither the **Company's** right to make inspections nor the making thereof or any report thereon shall constitute an undertaking on behalf of or for the benefit of the **Insured** to determine or warrant that such property or operations are safe or healthful or are in compliance with any law, rule or regulation.

The **Company** may examine and audit the **Insured's** books and records at any time during the **Policy Period**, and extensions thereof, and within three years after the final termination of this insurance.

7. CHANGES

The terms of this policy shall not be waived or changed except by endorsement duly executed by an authorized representative of the **Company**, issued to form a part of this policy, and agreed upon by the **Named Insured**.

8. ASSIGNMENT

The interest hereunder of any **Insured** is not assignable.

Under Coverage A – Individual Professional Liability – if the **Insured** shall die or become adjudged incompetent, this policy shall thereupon terminate for such person, but such insurance as is afforded by this policy shall apply to the **Insured's** legal representative, but only while acting within the scope of his duties as such, with respect to acts or omissions previously incurred and covered by the policy.

Under Coverage B – Partnership, Association or Corporation Professional Liability – if any member, partner, officer, director or shareholder of the **Insured** shall die or be adjudged incompetent, this policy shall thereupon terminate for such person, but such insurance as is afforded by this policy shall apply to the **Insured's** legal representative, but only while acting within the scope of his duties as such, with respect to acts or omissions previously incurred and covered by this policy.

9. STATEMENTS AND REPRESENTATIONS IN THE APPLICATION

By acceptance of this insurance, the **Insured** agrees that the statements in the application are his/her representations, that such representations are accurate and complete, that such representations are material to the risk undertaken by the **Company** and that this policy is issued and continued in force in reliance upon the truth of such representations.

10. NOTICE OF CANCELLATION

This policy may be cancelled by the **Named Insured** by surrender thereof to the **Company** or any of its authorized agents or by providing to the **Company** written notice stating when thereafter the cancellation shall be effective.

This policy may be cancelled by the **Company** by mailing to the **Named Insured** at the address shown in this policy, written notice stating when not less than thirty (30) days thereafter such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. The time of surrender of the effective date and hour of cancellation stated in the notice shall become the end of the **Policy Period**. Delivery of such written notice either by the **Named Insured** or by the **Company** shall be equivalent to mailing.

If the **Named Insured** cancels, earned premiums shall be computed in accordance with the customary short rate table and procedure. If the **Company** cancels, earned premium shall be computed pro-rata. Premium adjustment may be made either at the time cancellation is affected or as soon as practicable after cancellation becomes effective, but payment or tender of unearned premium is not a condition of cancellation.

11. SOLE AGENT

The **Named Insured** listed in Item 1 of the Declarations Page shall act on behalf of all **Insureds** with respect to the giving and receiving notice of cancellation of nonrenewal, accepting any endorsement issued to form a part of this policy and receiving any return premium, if any; and is charged with the responsibility for notifying the **Company** of any changes of members, partners, officers, directors, stockholders or **Employees** or any other change which might affect the insurance hereunder.

12. CONFORMITY WITH STATUTE OR REGULATION

If any term of this policy, or any duty arising therefrom, would cause the **Company** to violate any federal, state or local law or regulation, the policy is amended to bring the **Company** into compliance with such statute or regulation.

EXCLUSIONS

This policy does not apply to any **Claim**, including **Damages** and **Defense Expenses**, arising directly or indirectly from:

- 1. Any obligation for which an **Insured** or any carrier acting as insurer may be held liable under any workers' compensation, unemployment compensation or disability benefits law or under any similar law.
- 2. Any liability the **Insured** has as an owner, proprietor, superintendent, partner, manager, director, officer, shareholder, agent, administrative officer, executive officer or member of the board of directors, trustees or governors of any:
 - a. hospital, nursing home, sanatorium, retirement facility, clinic or similar institution which provides bed and board facilities; or
 - b. other business, organization, partnership, association or corporation not specifically set forth in the Declarations Page.

3. Any **Medical Incident** which:

- a. happened prior to the retroactive date;
- b. resulted in a **Claim** made against the **Insured** after the **Policy Period** or reported to the **Company** after sixty (60) days after expiration of the **Policy Period**;

- c. was **First Discovered** by the **Insured** prior to the **Policy Period** listed on the Declarations Page; or
- d. was reported to or covered under any policy or self-insured retention in effect before this policy.
- 4. Any **Claim** arising out of any criminal act, including but not limited to dishonest, fraudulent, malicious or intentional wrongful acts, sexual abuse or molestation, or fraud committed by the **Insured** or any person for whom the **Insured** is legally responsible
- 5. Discrimination, humiliation, harassment or misconduct because of age, race, creed, color, gender, sexual preference, disability, national origin, illness or positive test for the transmission of a communicable disease.
- 6. Liability assumed by the **Insured** under any contract, except any liability which the **Insured** would have had in the absence of such contract.
- 7. Advertising Injury, **Personal Injury** or **Property Damage**.
- 8. Any act committed in violation of any law or ordinance.
- 9. The Insured's liability for Bodily Injury with respect to which an Insured under this policy is also an insured under a nuclear energy liability policy issued by the Nuclear Energy Liability Insurance Association, Atomic Energy Liability Underwriters or Nuclear Insurance Association of Canada, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or resulting from the Hazardous Properties of Nuclear Material and with respect to which:
 - 1. any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or
 - 2. the **Insured** is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered by the United States of America, or any agency thereof, with any person or organization.
- 10. The **Insured's** liability for **Bodily Injury** resulting from the **Hazardous Properties** of **Nuclear Material**, if:
 - a. the Nuclear Material:
 - i. is at any Nuclear Facility owned by, or operated by or on behalf of the Insured; or
 - ii. has been discharged or dispersed therefrom;
 - b. the **Nuclear Material** is contained in **Spent Fuel** or **Waste** at any time possessed, handled, used, processed, stored, transported or disposed of by or on behalf of the **Insured**;
 - the **Bodily Injury** arises out of the furnishing by the **Insured** of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any **Nuclear Facility**, but if such facility is located within the United States of America, its territories or possessions or Canada, this Exclusion 10 applies only to injury to or destruction of property at such **Nuclear Facility**.
- 11. Regardless of any other cause or event that contributes concurrently or in any sequence to the **Injury** or damage, there is no coverage for the liability of any **Insured** occasioned by, arising out of, or in the consequence of:
 - a. War, including undeclared or civil war;

- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign, or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
- d. **Terrorism**, including any action taken in hindering or defendant against an actual or expected incident of **Terrorism**

However, with respect to **Terrorism** this exclusion only applies if one or more of the following are attributable to an incident of **Terrorism**:

- a. The total Insured damage to all types of property exceeds \$25,000,000.
- b. Fifty or more persons sustain death or serious physical injury. For purpose of this provision, serious physical injury means:
 - i. Physician injury that involves a substantial risk of death;
 - ii. Protracted and obvious physical disfigurement;
 - iii. Protracted loss or impairment of the function of a bodily member of the organ; or;
- c. The **Terrorism** involves the use, release, or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
- d. The **Terrorism** is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
- e. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the Terrorism was to release such materials.

Paragraphs a. and b. immediately preceding, describe the thresholds used to measure the magnitude of an incident of **Terrorism** and the circumstances in which the threshold will apply for the purpose of determining whether the Terrorism Exclusion will apply to that incident. When the Terrorism Exclusion applies to an incident of **Terrorism**, there is no coverage.

In the event of any incident of **Terrorism** that is not subject to the Terrorism Exclusion, coverage does not apply to any **Damages** that are otherwise excluded.

DEFINITIONS

ADVERTISING INJURY means an **Injury** caused by any of the following offenses in the advertising of the **Insured's Professional Services** as a healthcare provider:

- a. libel or slander;
- b. written or spoken material made public which violates an individual's right of privacy or belittles the product or work of others;
- c. unauthorized taking of advertising ideas or style of doing business; or
- d. infringement of copyright, title or slogan.

CLAIM means any written demand for **Damages** received by the **Insured** resulting from a **Medical Incident**, including but not limited to the filing of a lawsuit against the **Insured**.

COMPANY means Puerto Rico Medical Defense Insurance Company.

DAMAGES mean a compensatory settlement, award or judgment which the **Insured** is obligated to pay. **Damages** include pre-judgment interest. **Damages** do not include:

- a. punitive or exemplary damages, fines or penalties, or any damages which are a multiple of compensatory damages;
- b. the return or restitution of fees, compensation, profits, charges and/or expenses paid to the **Insured** for **Professional Services** rendered: or
- c. judgments or awards deemed uninsurable by law.

DEFENSE EXPENSES mean:

- a. all expenses incurred by the Company in defending a Claim, all costs taxed against the Insured
 in any Claim and all post-judgment interest which accrues on the entire amount of the judgment
 before the Company have paid or tendered or deposited in court that part of the judgment which
 does not exceed the applicable limit of liability of this policy;
- b. premiums on appeal bonds required in any defended **Claim**. The **Company** has no obligation to apply for or furnish an appeal bond. The amount of any appeal bond shall not exceed the applicable limit of liability of this policy; and
- c. all reasonable expenses, other than loss of earnings, incurred by the **Insured** at the **Company's** request and with the **Company's** express written consent prior agreement.

Defense Expenses does not include:

- a. any **Defense Expenses** incurred after each **Medical Incident** or aggregate policy limit is exhausted by payment of **Damages**.
- b. any attorney fees awarded to a claimant.
- c. the salary of any **Employee** of the **Insured**.
- d. the forgiveness of any amounts owed for the cost of care or **Professional Services** rendered by an **Insured**.

DISCIPLINARY PROCEEDING means inquiries before a local or peer review committee to investigate charges alleging a violation of any rule or standard of professional conduct in the performance of **Professional Services**.

EMPLOYEE means a person whose work is engaged and directed by an **Insured**.

FIRST DISCOVERS means the date on which an **Insured** first knew, or reasonably should have known, of the potential **Claim**. All **Claims** and potential **Claims** arising from the same **Medical Incident** shall be considered as having been **First Discovered** when the first potential **Claim** was discovered by the **Insured**.

HAZARDOUS PROPERTIES mean radioactive, toxic or explosive properties.

INJURY means **Bodily Injury**, sickness, disease, mental anguish, mental injury or emotional distress suffered by a person, including death at any time resulting therefrom.

INSURED means the **Named Insured** and any additional **Insured** identified in the Declarations Page or added by endorsement to this Policy. Each of the following is an **Insured** under this policy to the extent set forth below:

Under Coverage A – Individual Professional Liability – the **Named Insured** listed in the Declarations Page and **Insureds** identified in the Declarations Page or added by endorsement to this policy.

Under Coverage B – Partnership, Association or Corporation Professional Liability – the **Organization** named as the **Named Insured** on the Declarations Page and any member, partner, officer, director or shareholder thereof with respect to the acts or omissions of others, provided no such member, partner, officer, director or shareholder of a partnership, association or corporation, shall be an **Insured** under this paragraph with respect to acts or omissions in the furnishing of **Professional Services** by the **Insured**, **Employee** or any person acting under the **Insured's** personal direction, control or supervision.

MEDICAL INCIDENT means any act, error or omission:

Under Coverage A – Individual Professional Liability – (a) in the rendering of, or failure to render, **Professional Services** by the **Insured**, any **Employee** of the **Insured**, or any person acting under the personal direction, control or supervision of the **Insured**, or (b) in the service by the **Insured** as a member of a formal accreditation, standards review or similar professional board or committee.

Under Coverage B — Partnership, Association or Corporation Professional Liability — in the rendering of, or failure to render, **Professional Services** by (a) any member, partner, officer, director, shareholder or **Employee** of the **Insured**, or (b) any person acting under the personal direction, control or supervision of the **Insured**.

All related acts, errors or omissions (whether related logically, casually, or in any other way) in the rendering of, or failure to render, **Professional Services** to any one patient (as defined by the applicable law) shall be considered one **Medical Incident** and only one limit of liability will apply. If a **Medical Incident** arises from a series of related medical services, such **Medical Incident** will be deemed to have happened at the time of the first act, error or omission in respect of which the **Insured** may be legally obligated to pay **Damages**.

NAMED INSURED means the individual or **Organization** listed on the Declarations Page as such.

NUCLEAR FACILITY means:

- a. any **Nuclear Reactor**;
- b. any equipment or device designed or used for:
 - i. separating the isotopes of uranium or plutonium;
 - ii. processing or utilizing Spent Fuel; or
 - iii. handling, processing or packaging **Waste**;
- c. any equipment or device used for the processing, fabricating or alloying of special **Nuclear Material** if at any time the total amount of such material in the custody of the **Insured** at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235; or
- d. any structure, basin, excavation, premises or place prepared or used for the storage or disposal of Waste; and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

NUCLEAR MATERIAL means source material, special nuclear material or by – product material. Source material, special nuclear material and by-product material have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

NUCLEAR REACTOR means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material. With respect to injury to or destruction of property, the word **Injury** or destruction includes all forms of radioactive contamination of property.

ORGANIZATION means the following:

Professional Service Corporation (PSC)
Limited Liability Partnership (LLP)
Domestic and Foreign Corporation (Corp. or Inc.)
Limited Liability Corporation (LLC)

or other entity owned by a physician, surgeon or dentist, but only in respect to the liability of such entity as it arises out of a physician, surgeon or dentist's failure to render **Professional Services**.

PERSONAL INJURY means **Injury** other than **Bodily Injury** caused by any of the following offenses:

- a. false arrest, detention or imprisonment;
- b. malicious prosecution;
- c. wrongful entry or wrongful eviction;
- d. libel or slander; or
- e. written or spoken material made public which violates an individual's right of privacy.

POLICY PERIOD means the period from the inception date and hour of this policy to the earlier of the policy expiration date and hour or the end of the Extended Reporting Period, if purchased, set forth in the Declarations Page or any other termination date effected in accordance with the terms of this policy.

PROFESSIONAL SERVICES mean services performed by the **Insured** in the treatment and/or care of any patient, and shall include:

- a. medical, surgical or dental services provided to any person;
- b. the furnishing of medical, surgical or dental supplies and appliances, medication, blood and blood products and food and beverages in connection with such services;
- c. the handling of or the performing of post-mortem examinations on human bodies.

PROPERTY DAMAGE means:

- a. physical injury to tangible property, including all resulting loss of use of that property; and
- b. loss of use of tangible property which has not been physically damaged or destroyed.

SPENT FUEL means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a **Nuclear Reactor**.

TERRORISM means activities against persons, organizations, property of any nature that involves the following or the preparation for the following:

- a. Use or threat of force of violence;
- b. Commission or threat of a dangerous act;
- c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

When one or both of the following applies:

The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or

It appears that the intent is to intimidate or coerce government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

W	AS	TE	means	any	waste	material	l:
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a. containing by-product material; and

b. resulting from the operation by any person or organization of any nuclear facility included within the definition of nuclear facility under paragraph a. or b.

(Fran Olman)		ery
President		Treasurer /
Puerto Rico Medical Defense Insurance C	Company Puerto Rico Med	ical Defense Insurance Company
Countersigned by:		10/15/2020
		10/13/2020
Name	Signature	Date



SCHEDULE OF ENDORSEMENTS

In consideration of the premium paid for this Policy, it is hereby understood and agreed that the following endorsements will form part of this policy:

Mandatory Endorsements

1.	PRMD – SED (08/2020)	Schedule of Endorsements
2.	PRMD – Form P-102 (03/2011)	Mandatory Premium and Coverage Conditions
		Endorsement Puerto Rico
3.	PRMD – Form P-103 (03/2011)	Continuous Renewal Endorsement

All other terms and conditions of the Policy remain unchanged.

Nothing herein contained shall be held to vary, alter, waive or change any of the terms, limits or conditions of the Policy, except as hereinabove set forth.

This endorsement is effective.

Attached to and forming part of Policy No.PP-50571 of the Puerto Rico Medical Defense Insurance Company.

By Authorized Representative: _____(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)



CONTINUOUS RENEWAL ENDORSEMENT

To be attached to and forming part of Policy No. PP-50571

It is hereby understood and agreed that the policy to which this endorsement is attached, is hereby amended as follows:

In consideration of the Insured's payment of the required future renewal premiums and subject to the rules and rates then in force, this policy shall be automatically renewed for successive one year periods until cancelled pursuant to its cancellation clause.

This endorsement is subject otherwise to all of the terms, exclusions and conditions of the above mentioned policy.

PRMD Form P-103 (03/2011)

File No.:



MANDATORY PREMIUM AND COVERAGE CONDITIONS ENDORSEMENT PUERTO RICO

It is hereby understood and agreed that pursuant to the regulations approved by the Commissioner of Insurance of Puerto Rico, this policy is amended according to the following conditions and stipulations:

- 1. **Policy Premium Paid in Full by You:** If the premium for this policy is to be paid by you in its entirely and is not subject to any form of financing as contemplated by this endorsement, insurance coverage will be afforded only if the total premium is paid in full to, and received by, us or our authorized representative on or before the effective date shown on the declarations of this policy. Otherwise, the policy will be effective on the date the total premium is paid in full to, and received by, us or our authorized representative, and we will proceed as indicated in Section 9 of this endorsement.
- 2. **Policy Premium Subject to Our Deferred Payment Plan:** If we have available a deferred payment plan duly approved by the Commissioner of Insurance of Puerto Rico under which the premium for this policy will be paid, insurance coverage will be afforded only if the initial or down payment under said payment plan is paid to, and received by, us or our authorized representative on or before the effective date shown on the declarations of this policy. Otherwise, this policy will be effective on the date the initial or down payment is paid in full to, and received by, us or our authorized representative, and we will proceed as indicated In Section 9 of this endorsement.
- 3. Policy Premium to be Financed as Part of a Financing or Leasing Transaction: If the premium for this policy is being financed in its entirety (and accordingly no initial or down payment is made by you) in connection with the financing or leasing of property, insurance coverage will be afforded as of the effective date shown on the declarations of this policy only if, within thirty (30) days following the end of the month in which the policy is to be effective, we receive from the bank or financing institution the corresponding total premium.

In the event the payment from the bank or financing institution is not received by us or our authorized representative by the due date indicated above, no insurance coverage will be afforded under this policy and the same will be void as of the date on which it should have become effective.

4. **Policy Premium to be Financed by a Financing Institution or by a Bank:** If the premium for this policy is financed through a financing institution or by a bank in a situation not covered by the preceding Section 3, this policy will be effective on the date the down payment of at least 20% of the total annual premium to be paid by you, together with the corresponding premium finance contract duly executed, are received by us or our authorized representative. In the event the financing institution or the bank does not make the total corresponding payment and said payment is not received by us or our authorized representative within the thirty (30) days following the inception date of the policy, we will



cancel the policy in accordance with the cancellation clause of this policy.

- 5. **Policy Premium to be Paid Under an Escrow Account:** If this policy is issued in connection with the financing or leasing of property and the premium for this policy is to be paid from funds proceeding from an escrow account, insurance coverage will be afforded as of the effective date shown on the declarations of this policy only if, within thirty (30) days following the end of the month in which the policy is to be effective, we receive from the bank or financing institution the corresponding total premium. In the event the payment from the bank or financing institution is not received by us or our authorized representative by the due date indicated above, no insurance coverage will be afforded under this policy and the same will be void as of the date on which it should have become effective.
- 6. Policy Premium to be Partly Paid with Proceeds of Single Interest Insurance

Cancellation: If a portion of the total premium for this policy will be paid with the proceeds of the premium return resulting from the cancellation of a single interest policy or certificate, this policy will be effective as of the date the greater of the following amounts is paid to, and received by, us or our authorized representative:

a. 20% of the annual premium corresponding to this policy, or b. the difference between the total premium payable under this policy and the proceeds of the premium return resulting from the cancellation of the single interest policy or certificate.

In the event said premium return is not received by us or our authorized representative within the sixty (60) days following the end of the month in which this policy became effective, we will mail you a notice of cancellation in accordance with the cancellation clause of this policy, to be effective on the date the premium paid by you is exhausted.

- 7. **Endorsement Premium:** Endorsements issued after the inception date of this policy, affording additional insurance and which result in an additional premium, shall not be effective until the total additional premium due thereon is paid in full to, and received by, us or our authorized representative. This procedure will be followed if the premium for this policy has been paid in full by you or has been financed by the bank or financing institution. If the premium for this policy is subject to a deferred payment plan the aforesaid endorsement shall not be effective until a down payment of the additional premium in accordance with such plan is paid to, and received by, us or our authorized representative, and accordingly subsequent payments of the plan are amended to include the unpaid portion of the additional premium for the endorsement.
- 8. **Premium Corrections:** Any additional premium due resulting from changes in rates, classifications, premium bases, or any other adjustments (as determined by us or the proper rating organization), shall be paid in full within thirty (30) days from the date of billing of the corrective endorsement. If the payment corresponding to this policy is subject to a deferred payment plan or a premium financing contract, a down payment of the additional premium in accordance with such plan or financing contract shall be paid to, and received by, us or our authorized representative within that same thirty (30) day period and accordingly subsequent payments of the plan will be amended to include the unpaid portion



of the additional premium for the endorsement. Otherwise, we shall mail to you a notice of cancellation in accordance with the cancellation clause of this policy using the sum of the original premium plus the premium of the corrective endorsement as the basis for the calculation of the amount of premium return due to you, if any.

- 9. **Late Payments:** If payment is received after the specified due date, we will proceed as follows:
 - a. For new policies (Sections 1 and 2 above) we will issue a change of effective date of coverage notice stating:
 - i. that the insurance afforded under the policy is effective as of the date of receipt of the applicable premium payment,
 - ii. the resulting amended inception and expiration dates of the policy, which will be postponed by the same number of days that coverage was not afforded due to the late receipt of the premium payment, and
 - iii. the corresponding period of time during which coverage is not afforded under the policy.
 - b. For premium correction endorsements (Section 8 above) we will issue, subject to the applicable regulations, a limited reinstatement notice stating:
 - i. that the insurance afforded by the policy will be reinstated as of the date of receipt of the applicable additional premium payment,
 - ii. the period for which coverage is not afforded, and
 - iii. the amount of premium return due to you, if any.
- 10. **Cancellation of Policy:** Upon failure of any premium when due under a policy in force, we must, within the next twenty (20) days following the due date, issue a notice of cancellation in accordance with the provisions of the policy.
- 11. **Definition of Authorized Representative:** Authorized representative for the purpose of this endorsement means a general agent, an authorized policy writing agent, or a person duly authorized in writing by us for premium collection purposes.
- 12. This mandatory endorsement supersedes any other conditions to this effect in this policy to which it is attached.



Attached to Policy # PP-50571
Issued on 10/15/2020

PRIOR ACTS ENDORSEMENT (NOSE)

In consideration of the premium charged, and subject to this endorsement and the statements made by the named Insured in his/her application for this policy, it is hereby understood and agreed that effective on 08/26/2012 this policy is issued with a retroactive date of 08/26/2011. Furthermore, it is hereby understood and agreed that the period within these two dates will be known as the prior acts period since, during said period coverage was afforded to the Insured by another carrier.

All other terms and conditions remain unchanged.

Name: LUIS J CRUZ CINTRON	Date: 10/15/2020
Signature:	



PHYSICIANS, SURGEONS, DENTISTS, AND ALLIED HEALTHCARE PROVIDERS PRIMARY AND/OR EXCESS PROFESSIONAL LIABILITY Page 1 of 4

Applicant's last names:

INSURANCE APPLICATION UPDATE FORM

THIS WILL NOT SUBSTITUTE THE ORIGINAL APPLICATION THAT MUST BE SUBMITTED WHEN SOLICITING COVERAGE FOR THE FIRST TIME

			n previously submitted ce please refer to the Rei			dical malpractice	coverage with	1
You are curr	ently insured	by PRMD for:	□ Primary: PP	Excess:	PE			
PLEASE SF	PECIFY THE	TYPE OF COVE	RAGE YOU ARE APPL	YING FOR:				
A.	Prima	ary Limits Policy:	□ \$100,000 per medica	al incident / \$300,000 a	aggregate			
B.	Exce	ss Over Primary	Limits Policy					
	□ \$2	250,000 per med	ical incident / \$200,000 a ical incident / \$500,000 a dical incident / \$3,000,00	iggregate □ \$500,0	•		00 0	е
I <u>PERSONAI</u>	_ INFORMATI	<u>ON</u>						
Date of Birth (Office Addres	(mm/dd/yyyy): s:					Second Last Na		
Postal Addres Office Phone:				Cell Phone:				_
Office Fax:				E "				
II PRACTICE	PROFILE							
			e of practice you currently h		□ O#			
	Physician loyed physicia		'	fessional Association fessional Corporation	☐ Other			
3. Primary Sp	pecialty:		·	·		% of Practice	%	
4. Secondary	Specialty:					% of Practice	%	
5. Do you pra	actice/work shi	ifts in an Emergeno	cy Room or a Treatment and	d Diagnostic Center "CD)T"?		□ Yes □	No
	rform any of th	•	ge of an abscess, tissue bio	opsies, incising of boils a	and superficial	fascia, suturing or n	ninor lacerations, ☐ Yes ☐	No
	•		significantly in the coming	year?			□ Yes □	
8. Have new l	Hospitals and/	or other surgical co	enters or facilities granted y	ou privileges since your	last application	1:		
Hospital	/Facility	С	ity	Privileges		Restrictions		
9. List any of	fice where you	ı currently practice	:					
Address	/Suite		City/State			Country		



PHYSICIANS, SURGEONS, DENTISTS, AND ALLIED HEALTHCARE PROVIDERS PRIMARY AND/OR EXCESS PROFESSIONAL LIABILITY Page 2 of 4 $\,$

Applicant's last names: _____

par	. If in Question #2 you checked any box other than "Solo Physician", list below the name of entity (ies), your position, and nartners, shareholders, employees.	ames of associates,	ı
	Name of Entity (if any) position (partner, shareholder, employed)	ee, contractor)	
	Name of partners, shareholders, employers or associates		
Ш	GOVERNMENTAL ACTION		
11.	. Have you ever had any hospital or surgical outpatient privileges denied, suspended, revoked, restricted, reduced, not ren modified in any way?	newed, proctored or	
12.	. Have you ever been investigated by any entity which its principal activity is a health care service plan?	☐ Yes	□ No
13.	. Have you ever been investigated as the subject of, charged with or convicted of a misdemeanor or felony, or entered a "n	o contest" plea to a	crime
	(for other than a traffic violation)?	☐ Yes	□ No
14.	. Have you ever been investigated by any state or federal regulatory or specialty society?	☐ Yes	□ No
15.	. Has any governmental agency ever suspended, revoked, restricted, or taken any other action against you/your medical or you on probation?		or placed
16.	. Have you EVER been evaluated, recommended for treatment, diagnosed with, or treated for alcohol, narcotics or any other sexual addiction, mental illness?		e, □ No
17.	. Are you being treated for any medical condition, disease or illness that affects your ability to practice medicine (physical hillness)?		onic
18.	. Have you EVER been accused of sexual misconduct of any kind?	☐ Yes	s □ No
IV	<u>CLAIMS HISTORY</u>		
19.	. Have you been involved in a malpractice claim or suit, either directly or indirectly since policy coverage by PRME) has been granted	: 1?
		☐ Yes	□ No
	19a. Did you report the incident to PRMD?	☐ Yes	□ No
20.	. Are you aware of any of the following circumstances (not included on previous submissions) that might reasonal being brought against you, even if you believe the claim or suit would be without merit:	bly lead to a claim	or suit
(a)	A request for records from a patient and/or attorney related to an adverse outcome?	☐ Yes	□ No
(b)	A letter from an attorney regarding your medical treatment of a patient?	☐ Yes	□ No
(c)	Intra-operative or post-operative complications or other complications resulting in death, paralysis, or other significant disa	ıbilities? ☐ Yes	□ No
(d)	Patient or family member dissatisfaction with the outcome of a procedure, treatment, or diagnosis?	☐ Yes	s □ No
	Any other circumstances that might reasonably lead to a claim or suit? If you answer "Yes" to any of the items (a) through (e) above, have these circumstances been reported to your cur		□ No
	bility carrier? (Please provide evidence.)	•	□ No



PHYSICIANS, SURGEONS, DENTISTS, AND ALLIED HEALTHCARE PROVIDERS PRIMARY AND/OR EXCESS PROFESSIONAL LIABILITY Page $\bf 3$ of $\bf 4$

Applicant's last names: ______

ense Insurance		
V <u>REMARKS SECTION</u>		
	INCIDENT/CLAIMS INFORMATION F	<u>ORM</u>
<u>If ther</u>	e are no claims to be reported please mark N/A. Sig	gnature IS required.
Name of Patient		
Date of Incident (mm/dd/yyyy):		
	Date reported:	
•		
5. Present Condition of Patient:		
6. Signature:		
-		
VI <u>CONDITIONS OF APPLICATION UPDA</u>	TE FORM	
Company. I agree to notify the Company if		tion update form shall be the basis of the contract with the o this application, including, without limitation, any change banies, or professional associations.
null and without effect or provide the compa	ntation or omission made by me on this application any with the right to rescind it. By presenting this awill be extended to me or that a policy of insurance	update form may act to render any contract of insurance application update form, I am not relying upon any oral or will be issued.
	no right to demand or expect coverage until the Ced, as a precondition to coverage, the total premium	Company has: (1) received my completed application; (2) a due.
I agree that if I fail to comply with the applying.	ese terms I will have no coverage for any cla	aim under any policy of insurance for which I am
Printed Name:	Signature:	Date:
ALITHODIZATION TO DELEASE INFORM	ATION – FOR HOSPITALS/MEDICAL STAFFS/AN	ADI II ATODV EACII ITIES
Company, its agents and representatives, to care organizations where I have exercised managed care organizations and their representations to those privileges I have exercised relating to the scope of privileges granted, a with respect to such privileges. I further agi	o make inquiries to hospitals, medical staffs, ambul d or applied for clinical privileges or membership. resentatives and agents to provide information to d and to my fitness and qualifications to exercise such any special limitations imposed on such privileges a	e my consent to Puerto Rico Medical Defense Insurance latory facilities, health care serve plans or other managed I grant permission to such hospitals, medical staffs and Puerto Rico Medical Defense Insurance Company which ch privileges. This includes but is not limited to information nd any information regarding any disciplinary action taken its representatives, agents and employees shall not incur if such information is incomplete or incorrect.
Signature	Print Name	Date



PHYSICIANS, SURGEONS, DENTISTS, AND ALLIED HEALTHCARE PROVIDERS PRIMARY AND/OR EXCESS PROFESSIONAL LIABILITY

Applicant's last names: ______

AUTHORIZATION TO RELEASE INFORMATION - PROFESSIONAL CREDENTIALS AND QUALIFICATIONS FROM EDUCATIONAL FACILITIES I hereby grant permission to Puerto Rico Medical Defense Insurance Company to request information regarding my professional credentials and qualifications from educational facilities, the chief(s) of the clinical department(s) of the hospital(s) in which I currently have been granted privileges or formerly have had staff privileges, professional certification boards, state regulatory and licensing departments, professional liability insurance carriers, other professional monitoring entities, and present and past employers. The information requested may include otherwise privileged and confidential material relative to my professional qualifications, credentials, claims history, clinical and/or professional competence, character, ethics or any other matter having bearing on the underwriting procedures. I release and agree to hold harmless Puerto Rico Medical Defense Insurance Company and its representatives, employees and agents from any and all liability for any damages, costs and expenses which may result from the gathering or legal use of such information to evaluate the issuance or renewal of the requested policy. Signature Print Name Date AUTHORIZATION TO RELEASE INFORMATION - LOSS HISTORY I authorize the release to Puerto Rico Medical Defense Insurance Company of information regarding past and pending claims and underwriting matters from my prior professional liability insurance carriers, or from my past and present medical association or society. I further agree that the organization releasing the information, its agents, servants and employees shall not incur any liability as a result of any information released or furnished pursuant to this authorization including any errors, omissions or mistakes contained in such released information. Signature Date Print Name If Certificates of Insurance are required for this coverage, specify to whom (name and address): Authorized Representative's Name: _____ _____ Representative's Signature: _____ ______ E-mail: _____ Postal Address: □ In case of payment being part of the submission please complete the following: **Conditional Receipt** ___(mm/dd/yyyy) certifies to have received from The Authorized Representative signing this document on _____ Dr. _____ authorization to process the payment through check, money order, Credit Card or Bank ACH the total amount of \$_____ as payment for the quoted premium. The Medical Malpractice Policy requested will not be effective until the date of approval of the application for insurance. Accepting payment and / or authorization WILL NOT guarantee neither coverage nor policy issuance. If coverage is not approved, the total premium received will be refunded in 30 days or less if solicited, and if not in no more than 90 days as provided in Article 27.160 (3) of the Insurance Code of Puerto Rico. The transaction will be made through General Agency, duly authorized by PRMDIC and responsible for payment to the insurer or for refund of the premium received to its client. Bank's Name: ______ Account No. : _____ _____ (Please Check:

Visa

Master Card

Discover) Expiration Date: ______ Security Code: _____

Authorized Representative's Signature

Applicant's Signature



PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

eMed Defense Cyber Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Policy Number: PP-50571 Effective Date: 08/26/2012 Retroactive Date: 10/15/2020

This endorsement modifies insurance provided under:

eMed Defense Cyber Limit of Liability	\$25,000	
eMed Defense Cyber Aggregate Limit	\$25,000	
eMed Defense Cyber Sub-Limit for Fines &	\$10,000	
Penalties		
EMed Defense Cyber Deductible	\$ 1,000	
eMed Defense Cyber Retroactive Date	10/15/2020	
eMed Defense Cyber Inception Date	08/26/2012	
eMed Defense Cyber Expiration Date	08/26/2013	
Endorsement Premium	\$ 200.00	

NOTICE TO INSURER:

Puerto Rico Medical Defense Insurance Company Chubb Building #33 Resolución St. San Juan, PR 00920

IT IS HEREBY UNDERSTOOD AND AGREED TO THAT THIS ENDORSEMENT INCLUDES ITS OWN TERMS, CONDITIONS AND COVERAGES AND DOES NOT CONSTITUTE A MODIFICATION OF THE INSURING AGREEMENT OF THE PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY, MEANING THAT ALL ITS TERMS, CLAUSES, CONDITIONS AND COVERAGE WILL REMAIN IN EFFECT AS SET FORTH.

All provisions of the policy apply unless modified by this endorsement. With respect to the insurance afforded by this endorsement, the Limit of Liability shown in the Schedule above is not subject to or part of, and is in addition to, the Limits of Liability stated in the policy Declarations.

In consideration of the payment of the premium, and subject to the Declarations and the limitations, conditions, provisions and other terms of this endorsement, **We** and the **Insureds** agree as follows:

The following terms are added to the policy:

A. Privacy Breach Liability Coverage

We will pay for all Loss in excess of the Deductible set forth in the Declarations resulting from a Claim or Suit first made against you by an Impacted Individual during the Endorsement Period and first notified to Us by you in accordance with section J.1.a. of this endorsement, for an alleged Privacy Breach, to which this insurance applies; provided that such Privacy Breach first occurs on or after the Retroactive Date.



B. Security Breach Liability Coverage

We will pay for all Loss in excess of the Deductible set forth in the Declarations resulting from a Claim or Suit first made against you during the Endorsement Period and first notified to Us by you in accordance with section J.1.a. of this endorsement, for an alleged Security Breach to which this insurance applies; provided that the Security Breach first occurs on or after the Retroactive Date.

C. Breach Notice Response Services Coverage

We will provide you with Breach Notice Response Services in excess of the Deductible set forth in the Declarations for a Privacy Breach to which this insurance applies provided that: (1) the Privacy Breach first occurs during the Endorsement Period; (2) you comply with any Breach Notice Law; and (3) you notify Us in accordance with section J.1.a. of this endorsement.

D. Network Extortion Liability Coverage

We shall pay: (i) any Extortion Monies resulting from a Credible Threat in excess of the Deductible set forth in the Declarations exacted from you during the Endorsement Period, provided that you notify Us in accordance with section J.1.a. of this endorsement during the Endorsement Period or any optional extended reporting period; and (ii) reasonable costs and expenses associated with section D.(i) above.

E. Multimedia Liability Coverage

We will pay for all Loss in excess of the Deductible set forth in the Declarations resulting from a Claim or Suit first brought against you during the Endorsement Period and first notified to Us by you in accordance with section J.1.a. of this endorsement, for Multimedia Perils committed or alleged to have been committed on or after the applicable Retroactive Date.

F. Interrelated Events and Suits

Regardless of the number of Insureds, Claims, Suits, instances of unauthorized access to or unauthorized use of your Computer System, Denial of Service Attacks, thefts or loss of Data storage devices, hardware, attacks, and all Interrelated Events shall be considered a single Privacy Breach or a single Security Breach, such Privacy Breach or Security Breach shall be deemed to have first occurred on the date of the earliest Privacy Breach or Security Breach, and only the Limit of Liability for Our endorsement in effect, if any, on the date the first Privacy Breach or Security Breach occurred will apply to all Loss arising out of all Interrelated Events of one or more Insureds. All Claims or Suits arising out of Interrelated Events, shall be considered a single Claim or Suit regardless of the number of events, allegations, claimants, defendants or causes of action, and shall be deemed to be first made on the date the earliest of such Claim or Suit is first made, regardless of whether such date is before or during the Endorsement Period.

G. Defense of Suits

We will have the right and duty to defend the insured against any Claim or Suit seeking Loss to which this insurance applies even if the allegations of the Claim or Suit are groundless, false or fraudulent. However, We will have no duty to defend the insured against any Claim or Suit seeking amounts to which this insurance does not apply.

We may, at Our discretion, investigate and settle any Claim or Suit that may result. But:

- 1. The amounts **We** will pay under this endorsement are limited as described in Section I. below.
- 2. Our right and duty to defend end when **We** have used up the applicable Limit of Liability.
- 3. Once the Limit of Liability shown in the Declarations above is exhausted, **We** will have no further obligation to pay **Loss**, **Breach Notice Response Services**, **Extortion Monies**, or to undertake or continue the defense of any **Claim** or **Suit**. **We** will have the right to withdraw from the further defense of any **Claim** or **Suit** under this coverage by tendering control of the defense to you.



You will also be responsible for providing notification and **Credit Monitoring Services** to **Impacted Individuals** and may continue to utilize any vendors recommended by **Us** to provide such services.

H. Exclusions

This insurance does not apply to any Loss, Claims or Suits; Extortion Monies:

1. Alleging or arising out of any willful, deliberate, malicious, fraudulent, dishonest or criminal act, error or omission by an Insured, or any intentional or knowing violation of law, or intentional Security Breach, Privacy Breach, or Multimedia Perils by an Insured. This exclusion does not apply to Claim Expense incurred in defending an Insured against any such Claim or Suit, but We will have no obligation to pay any Loss for such conduct. However, if a court of competent jurisdiction or arbitrator determines that the Insured's conduct was willful, deliberate, malicious, fraudulent, dishonest or criminal, We will have the right to recover all Claim Expense We incurred to defend those Insureds found to have committed such conduct.

The **Insured** shall reimburse **Us** for all **Claim Expense** incurred defending the **Claim** or **Suit** and **We** shall have no further liability for **Claim Expense**. Such conduct shall not be imputed to the **Named Insured** if it occurs without the participation, knowledge, consent or acquiescence of any **Management Personnel**.

- 2. Made against an **Insured** alleging or arising out of any willful, deliberate, malicious, fraudulent, dishonest or criminal act, error or omission by such **Insured**, or any intentional or knowing violation of the law, or intentional **Security Breach**, **Privacy Breach** or **Multimedia Perils** by such **Insured**.
- **3.** Brought by an entity which:
 - **a.** You own or partly own, operate, manage or in which you have an ownership interest in excess of 15%, or in which you are an officer or director, except this provision will not apply to a **Claim** or **Suit** that employee **Data** is the subject of a **Privacy Breach** or violation of a **Privacy Regulation**; or
 - **b.** Wholly or partly owns, operates, controls or manages you.
- **4.** Alleging or arising out of any:
 - **a.** Physical injury, sickness, disease or death of any person, and if arising out of the foregoing, mental anguish or injury, pain and suffering, shock or emotional distress; or
 - **b.** Injury, impairment, destruction, corruption or distortion of any tangible property, including the loss of use of tangible property even when the tangible property has not itself been physically impaired, injured or destroyed.
- **5.** Alleging or arising out of your insolvency, financial impairment or bankruptcy.
- 6. Alleging or arising out of any Claim or Suit, act, error, omission, circumstance, Privacy Breach, Security Breach, Multimedia Perils, Interrelated Events or potential Claim or Suit reported to a prior insurer.
- 7. Alleging or arising out of any act, error, omission, circumstance, vulnerability, **Privacy Breach**, **Security Breach**, **Multimedia Perils** or **Interrelated Events** if prior to the inception date of this endorsement, you knew, or reasonably could have foreseen, that such act, error, omission, circumstance, vulnerability, **Privacy Breach**, **Security Breach**, **Multimedia Perils** or **Interrelated Events** might form the basis of a **Claim** or **Suit** or potential **Claim** or **Suit**.
- **8.** Alleging or arising out of any contractual liability or obligation, including without limitation, any liability assumed under contract, or alleging or arising out of or resulting from breach of contract or agreement, either oral or written, including without limitation, any breach of express warranty or guarantee.



- 9. Alleging or arising out of violation, misappropriation or infringement of any patent or trade secret.
- **10.** Due to any actual or alleged electrical or mechanical breakdown, failure or interruption, disturbance, surge, spike, brownout or blackout; or outages to gas, water, telephone, cable satellite, telecommunications or other infrastructure comprising or supporting the **Internet** including service provided by the **Internet** service provider that hosts your website.
- **11.** Alleging or arising out of any fire, smoke, explosion, lightning, wind, flood, surface water, earthquake, volcanic eruption, tidal wave, landslide, hail, act of God or any other physical event, however caused.
- **12.** Alleging or arising out of any existence, emission or discharge of any electromagnetic field, electromagnetic radiation or electromagnetism that actually or allegedly affects the health, safety or condition of any person or the environment, or that affects the value, marketability, condition or use of any property.
- **13.** Alleging or arising out of any:

War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power.

14. Act of Terrorism.

We also exclude Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to a. and/or b. above.

- 15. Brought by or on behalf of the Federal Trade Commission, the Federal Communications Commission, or any other state, federal, local or foreign governmental entity, in such entity's regulatory or official capacity; provided, however, that this exclusion shall not apply to otherwise covered Loss under the Privacy Breach Liability Coverage or Security Breach Liability Coverage resulting from an otherwise covered Claim or Suit by the Office of Civil Rights of the U.S. Department of Health and Human Services.
- **16.** Alleging or arising out of any of the following:
 - **a.** Trading losses, trading liabilities or change in value of accounts; any loss, transfer or theft of monies, securities or tangible property of others in your care, custody or control; or
 - **b.** The monetary value of any transactions or electronic fund transfers by you or on your behalf which is lost, diminished, or damaged during transfer from, into or between accounts.
- 17. Made by one Insured against another Insured. However, this exclusion does not apply to a Claim or Suit brought against you by your employee resulting from a Privacy Breach that is otherwise covered under Section A. Privacy Breach Liability Coverage above.
- **18.** Alleging or arising out of any wrongful employment practice, including, but not limited to harassment, hostile work environment, wrongful dismissal, discharge or termination, retaliation, wrongful disciplinary action, deprivation of career opportunity, failure to employ or promote, inadequate work place policies or procedures, or negligent evaluation of employees. However, this exclusion does not apply to any **Claim** or **Suit** resulting from a **Privacy Breach** that is otherwise covered.
- 19. Alleging or arising out of or any act, error or omission or breach of duty by any Management Personnel in the discharge of their duties if the Claim or Suit is brought by you or any of your principals, directors or officers, stockholders, members or employees in their capacity as such.
- 20. Alleging or arising out of the:



- **a.** Unauthorized collection or acquisition of **Personally Identifiable Information** by you, on your behalf, or with your consent or cooperation; or
- **b.** Failure to comply with a legal requirement to provide individuals with the ability to assent to or withhold assent (e.g. opt-in or opt-out) from the collection, disclosure or use of **Personally Identifiable Information**.

21. Alleging or arising out of the:

- **a.** Distribution of unsolicited email, direct mail or facsimiles, wiretapping, audio or video recording, or telemarketing by you or a third party on your behalf; or
- **b.** Violation of any federal, state or local statute, ordinance or regulation that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.
- **22.** Alleging or arising out of your activities as a trustee, partner, officer, director or employee of any employee trust, charitable organization, corporation, company or business other than the **Insured**.
- 23. Alleging or arising out of any false, deceptive or unfair trade practice or violation of any consumer protection laws; provided, however, that this exclusion shall not apply to an otherwise covered Loss under the Privacy Breach Liability Coverage or Security Breach Liability Coverage resulting from an otherwise covered Claim or Suit alleging a violation of the Health Insurance Portability and Accountability Act (HIPAA).
- 24. Alleging or arising out of any of the following:
 - a. Any violation of the Organized Crime Control Act of 1970 (commonly known as Racketeer Influenced and Corrupt Organizations Act or RICO), as amended, or any regulation promulgated thereunder or any similar federal law or legislation, or law or legislation of any state, province or other jurisdiction similar to the foregoing, whether such law is statutory, regulatory or common law;
 - b. Any violation of any securities law, regulation or legislation, including but not limited to the Securities Act of 1933, the Securities Exchange Act of 1934, the Investment Act of 1940, any state or provincial blue sky or securities law, any other federal securities law or legislation, or any other similar law or legislation of any state, province or other jurisdiction, or any amendment to the above laws, or any violation of any order, ruling or regulation issued pursuant to the above laws;
 - c. Any violation of the Fair Labor Standards Act of 1938, the National Labor Relations Act, the Worker Adjustment and Retraining Act of 1988, the Certified Omnibus Budget Reconciliation Act of 1985, the Occupational Safety and Health Act of 1970, or any similar law or legislation of any state, province or other jurisdiction, or any amendment to the above law or legislation, or any violation of any order, ruling or regulation issued pursuant to the above laws or legislation;
 - **d.** Any breach of fiduciary duty, responsibility, or obligation in connection with any employee benefit or pension plan, including violation of the responsibilities, obligations or duties imposed upon fiduciaries by the Employee Retirement Income Security Act of 1974 as amended;
 - **e.** Any violation of any local, state or federal laws concerning antitrust or restraint of trade, or any false, deceptive or misleading advertising, or any violation of the Sherman Antitrust Act, the Clayton Act, or the Robinson-Patman Act, as amended; or
 - f. The knowing offshore movement, storage, processing or outsourcing of **Data** to a legal jurisdiction outside of the United States and its Territories by you or a third party on your behalf.
- 25. With respect to Privacy Breach Liability Coverage, Security Breach Liability Coverage, and Multimedia Liability Coverage alleging or arising out of any Privacy Breach, Security Breach or Multimedia Perils first occurring prior to the Retroactive Date of this endorsement.
- **26.** Arising from your failure to realize or recognize income or revenue because of a **Security Breach**, **Privacy Breach** or **Multimedia Peril**.



- 27. Alleging or arising out any wireless access transmission (including without limitation WIFI or WIMAX) that is unencrypted or encrypted utilizing weak encryption.
- **28.** Alleging or arising out of any use of or visit to social media, including without limitation any **Malicious Code** infection resulting from an individual's use of social media.

Limits of Liability

- **1.** The Limit of Liability shown in the Declarations and the provisions below determine the most **We** will pay regardless of the number of:
 - a. Insureds:
 - b. Claims or Suits brought;
 - c. Persons or organizations making claims; or
 - d. Privacy Breaches or Security Breaches.
- 2. The Limit of Liability shown in the Declarations is the most **We** will pay for the sum of all **Loss**, **Breach Notice Response Services** and **Extortion Monies** covered by this endorsement. The Sublimit of Liability shown in the Declarations is the most **We** will pay for the sum of all **Loss** in the form of fines or penalties assessed against you by a regulatory or governmental body and covered by this endorsement.
- 3. The Limit of Liability applies in excess of the Deductible shown in the Declarations. The Deductible applies to payments for Loss, Claim Expense, Breach Notice Response Services and Extortion Monies covered by this endorsement. We will only be liable for Loss, Claim Expense, Breach Notice Response Services and Extortion Monies in excess of the Deductible. With respect to Privacy Breach Liability Coverage, Security Breach Liability Coverage and Multimedia Liability Coverage, the Deductible applies to each Claim or Suit. With respect to Breach Notice Response Services Coverage the Deductible applies to each Privacy Breach. With respect to Cyber Terrorism, the Deductible applies to each act of Cyber Terrorism. With respect to Network Extortion Liability Coverage, the Deductible applies to each instance Extortion Monies are exacted from you. We may pay any part or all the Deductible to settle or defend a Claim or Suit. You agree to promptly reimburse Us for any payments applicable to your Deductible.

J. Conditions

- 1. Duties in the event of Privacy Breach, Security Breach, Credible Threat, Multimedia Perils, Cyber Terrorism, or Claim or Suit
 - a. As a condition precedent to coverage in the event of Credible Threats, Loss, Claims or Suits and Our liability under the Breach Notice Response Services Coverage and the Network Extortion Liability Coverage sections of this endorsement, you must provide written notice to Us (using the contact information set forth in the Notice to Insurer on page 1 of this Endorsement as soon as practicable of any Privacy Breach, Credible Threat, Security Breach, or act of Cyber Terrorism.
 - b. As a condition precedent to coverage in the event of Loss, Claims or Suits and Our liability under the Privacy Breach Liability Coverage, the Security Breach Liability Coverage, and the Multimedia Liability Coverage sections of this endorsement, you must notify Us in writing (using the contact information set forth in the Notice to Insurer section of the Declarations) of any Claim or Suit against you as soon as practicable but in all events not later than: (i) the end of the Endorsement Period or Extended Reporting Period (if applicable); or (ii) within thirty (30) days after the end of the Endorsement Period, as long as such Claim or Suit was first made against you within the final thirty (30) days of the Endorsement Period and reported to Us no later than thirty (30) days after the date such Claim or Suit was first made against you.

To the extent possible, notice should include:



- (1) The circumstances surrounding the **Privacy Breach**, **Security Breach**, **Credible Threat**, **Multimedia Perils** or act of **Cyber Terrorism** including how, when, and where it took place;
- (2) The names and addresses of persons involved and any witnesses;
- (3) The nature of the harm resulting from the Privacy Breach, Security Breach, Credible Threat, Multimedia Perils or act of Cyber Terrorism;
- (4) The date the Claim or Suit was received (if relevant); and
- (5) An indication of the number of individuals that may be impacted, the type of information involved, and the actions taken to mitigate or contain the Loss, Privacy Breach, Security Breach, Credible Threat, Multimedia Perils or act of Cyber Terrorism.
- **c.** You and any other involved **Insured** must:
 - (1) Authorize Us to obtain records and other information;
 - (2) Cooperate with Us in the investigation, settlement or defense of the Claim, Suit, Privacy Breach, Security Breach, Credible Threat, Multimedia Perils or act of Cyber Terrorism;
 - (3) Assist Us, upon Our request, in the enforcement of any right against any person or organization which may be liable to an Insured because of Loss to which this insurance may also apply; and
 - (4) Provide Us with a copy of or link to your relevant Privacy Policy and information security policy if applicable.
- **d.** No **Insured** will, except at that **Insured's** own cost, voluntarily make a payment, assume any obligation, or incur any expense without **Our** consent.
- **e.** It is a condition precedent to coverage under this endorsement that you obtain **Our** written consent before you admit liability, make any payment, assume any obligation, incur any expense, enter into any settlement, stipulate to any judgment or award, agreement or other means of disposing of any **Claim** or **Suit** or any portion of any claim.
- **2.** The following Conditions are added:

a. Computer System Protection

- (1) It is a condition, precedent to coverage under this endorsement that at all times during the **Endorsement Period** you or your independent contractor shall:
 - (a) Maintain anti-virus software on any computer that is part of Your Computer System and update the protection at regular intervals but no less than at least once every 30 days;
 - (b) Maintain firewalls on any computer that is part of Your Computer System and connected to the Internet; and
 - (c) Take reasonable security precautions when processing, storing, or transmitting credit card payment **Data** or **Personally Identifiable Information**.
- (2) It is a condition precedent to coverage under this endorsement arising out of any **Privacy Breach** or **Security Breach** involving a laptop computer, external hard-drive, thumb-drive, PDA, flash storage device, or storage device that such laptop computer, external hard-drive, thumb-drive, PDA, flash storage device, or **Data** storage device is subject to regular strong encryption processes and protected by reasonable access controls to prevent unauthorized access to such hardware.

b. Reimbursement

In the event of a determination that there is no coverage under this endorsement, you agree to reimburse **Us** for any and all **Loss** and **Breach Notice Response Services** that **We** paid for any **Privacy Breach, Claim** or **Suit** or portion of any **Privacy Breach, Claim** or **Suit** that was determined not to be covered.

K. Additional Services



The following **Additional Services** will reduce the available Limit of Liability and may exhaust it completely. Once the Limit of Liability shown in the Declarations is exhausted, **We** will have no further obligation to pay **Additional Services**:

1. Privacy Breach Management Services

In the event of a possible or actual **Privacy Breach** that may require you to comply with any **Breach Notice Laws, We** will provide you with **Privacy Breach Management Services** performed by the breach services consultants of **Our** choice. The possible or actual **Privacy Breach** must be reported to **Us** as soon as practicable after you first: (i) reasonably suspect; or (ii) actually discover, facts that reveal a potential or actual **Privacy Breach** has occurred.

Privacy Breach Management Services are available as needed for any one **Privacy Breach** for up to 12 consecutive months from the inception of the service. **Privacy Breach Management Services** are available to you regardless of whether you have actually suffered a **Privacy Breach** and whether or not an actual **Claim** or **Suit** under this endorsement results.

2. Identity Restoration Case Management Services

In the event of a **Privacy Breach** that requires you to comply with any **Breach Notice Laws**, **We** will provide **Identity Restoration** case management services performed by a **Fraud Specialist**.

Identity Restoration Case Management Services are available so long as any **Identity Fraud** related activity is first discovered by the **Impacted Individual** following a **Privacy Breach** under this endorsement.

Identity Restoration Case Management Services are available as needed for any **Identity Fraud** for up to 12 consecutive months from the inception of the service.

Identity Restoration Case Management Services are provided without regard to whether the person or persons committing the **Identity Fraud** are identified so long as the **Impacted Individual** is willing to complete a fraud victim affidavit and file a police report or incident report concerning the **Identity Fraud**.

3. Additional Services Definitions

- **a. Fraud Specialist** means an expert who will assist in resolving the fraudulent use, or suspected fraudulent use, of personal information and to restore it to pre-incident status to the extent possible and feasible under the law. This assistance may include contacting credit reporting agencies, credit grantors, collection agencies and government agencies or other activities needed to restore the identity information of the **Impacted Individual**.
- **b. Identity Fraud** means and includes any fraudulent activity associated with an **Account Takeover** or **Identity Theft** suffered by an **Impacted Individual**.
- c. Identity Restoration Case Management Services means assistance to an Impacted Individual by a Fraud Specialist who will work on a one-on-one basis and provide help and guidance specific to the Impacted Individual's classification as an Account Takeover or Identity Theft victim.
- d. Privacy Breach Management Services means those services provided to you including:
 - (1) Proactive Breach Preparation Services Tools, educational material information or requests for information that can be used to instruct staff and prevent and prepare for a Privacy Breach.
 - (2) Reactive Breach Response Services We will assist you with the handling and management of a **Privacy Breach**. Such assistance may include guidance about best practices, documentation, or the overall process of responding to the **Privacy Breach**. We may also assign breach services consultants to work directly with your breach management team, management or legal counsel.
 - (3) Computer and Network Forensic Evaluation Consulting Services We will provide general consulting on technical aspects of the **Privacy Breach** including assistance with determining if and what type of specific computer and network forensics you should undertake. Computer and Network Forensic Evaluation



Consulting Services does not include the actual performance of digital forensic services on **Your Computer Systems** or networks and does not include suggestions or consulting regarding corrective actions to be taken by you to address inadequacies in **Your Computer System's** or network's security.

L. Definitions

- 1. Account Takeover means the takeover by a third party of one or more existing deposit accounts, credit card accounts, debit card accounts, ATM cards, or lines of credit in the name of an Impacted Individuals.
- 2. Act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.
 - Act of Terrorism is not deemed to include Cyber Terrorism.
- 3. Breach Notice Legal and Forensic Expenses means:
 - a. Fees incurred for the services of a third-party computer forensics professional to conduct an investigation to identify whether Data containing Personally Identifiable Information was accessed by an unauthorized person as a result of a covered Privacy Breach; and
 - **b.** Attorney fees for an outside attorney to determine whether any **Breach Notice Laws** apply and the obligations of such applicable laws, and assist you to comply with such laws, including but not limited to drafting notice letters to **Impacted Individuals**.
- 4. Breach Notice Law means any governmental statute or regulation that requires an organization to provide notice to those individuals whose Personally Identifiable Information was, or was reasonably believed to have been, accessed by an unauthorized third party.
- 5. **Breach Notice Response Services** means any of the following expenses incurred by **Us,** or by you with **Our** prior written consent, with respect to **Impacted Individuals**:
 - a. Breach Notice Legal and Forensic Expenses;
 - b. Notice Fulfillment Services for Privacy Breaches requiring you to comply with any Breach Notice Laws; and
 - c. Credit Monitoring Services for Privacy Breaches requiring you to comply with any Breach Notice Laws.
- 6. Claim means:
 - **a.** Any demand for damages or compensation from you or;
 - **b.** Any written or verbal notice of any intention to commence any legal proceeding or arbitrations against you.
- 7. Claim Expense means only those reasonable legal fees, costs or expenses incurred by Us or you with Our prior written consent, to defend or investigate a Claim or Suit. Claim Expense does not include any salaries, overhead, lost productivity, or other internal costs, expenses or charges you incur; costs or expenses for mitigation of a Privacy Breach or Security Breach; the costs or expenses for or arising out of any security or privacy measures, controls, policies, procedures, assessments or audits; or the costs or expenses of any investigation of or compliance with any Breach Notice Law.
- **8.** Credible Threat as provided by Coverage **D** means a threat to:
 - **a.** Release, divulge, disseminate, destroy or use **Your Digital Assets** acquired by unauthorized access or unauthorized use of **Your Computer System**:
 - b. Introduce Malicious Code into Your Computer System;
 - c. Corrupt, damage or destroy Your Computer System;



- **d.** Electronically communicate with your customers and falsely claim to be you or to be acting under your direction in order to falsely obtain personal confidential information of your customers (also known as 'pharming', 'phishing', or other types of false communications); or
- **e.** Restrict or hinder access to **Your Computer System**, including the threat of a criminal or malicious **Denial of Service Attack**.
- 9. Credit Monitoring Services means twelve (12) months of Credit Monitoring Services provided to each Impacted Individual, but only if such individual enrolls for and redeems such services. This endorsement does not cover any expenses related to or arising out of credit monitoring services where an Impacted Individual has not enrolled for and redeemed such services. Credit monitoring services notify an affected individual by e-mail when there is any change or suspicious activity on a credit record on file with a credit reporting agency.
- 10. Cyber Terrorism means an act or series of acts of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), committed for political, religious or ideological purposes, including but not limited to, the intention to influence any government and/or to put the public in fear for such purposes by using activities perpetrated electronically or otherwise that are directed toward the destruction, disruption or supervision of communication and information systems, infrastructure, computers, the Internet, telecommunications or electronic networks and/or its content thereof or sabotage and/or threat therefrom.
- **11. Data** means machine-readable information, irrespective of the way it is used or rendered, including but not limited to, text, digital media or images.
- **12. Denial of Service Attack** means an intentional and malicious attack by a third party intended by such to block or prevent access to **Your Computer System** or a third party's computer system if launched from **Your Computer System**.
- **13. Extortion Monies** means monies payable by you, with **Our** prior written consent or paid by **Us** on your behalf, to a person(s) or entity (ies) believed to present a **Credible Threat** for the purpose of terminating such threat.
- 14. Identity Theft means a fraud committed or attempted by a third party using the identifying information of another person without authority and resulting in the creation of one or more new accounts, or a new identity in public records (such as a driver's license) or elsewhere.
- 15. Impacted Individual means an individual whose Personally Identifiable Information was compromised as a result of a Privacy Breach
- **16. Insured** means:
 - a. You, Your, Yours
 - b. The Named Insured acting within the scope of duties in connection with its business;
 - c. Any subsidiary of the **Named Insured** if at the inception of, and throughout, the **Endorsement Period**, the **Named Insured** owns interests representing more than fifty percent (50%) of the voting, appointment or designation power for the selection of a majority of the Board of Directors of a corporation, the management committee members of a joint venture or partnership, or the members of the management board of a limited liability company (as applicable), and only with respect to conduct which takes place while it is a subsidiary of the **Named Insured**, that is within the scope of its duties in connection with its business, and otherwise covered by this endorsement; and
 - **d.** Any employee of the **Named Insured** or any entity in Part b. of this definition, but only with respect to acts within the scope of his or her employment by you.



- **17. Internet** means the worldwide public network of computers which enables the transmission of electronic **Data** between different users, including private communications networks existing within a shared or public network platform.
- 18. Interrelated Events means Claims, Suits, Privacy Breaches or Security Breaches which arise out of or have as a common basis any:
 - a. Related causes, circumstances, situations, events, transactions or facts;
 - b. Series of related causes, circumstances, situations, events, transactions or facts; or
 - **c.** Common pattern of conduct.

19. Loss means:

- **a.** Any amount which an **Insured** becomes legally obligated to pay as compensatory damages resulting from a **Claims** or **Suit** for a **Privacy Breach**, **Security Breach**, or **Multimedia Perils** (as applicable), to which this insurance applies and shall include judgments and settlements; and
- b. Claim Expense.

Loss shall not include:

- **a.** Fines and penalties, except otherwise covered fines and penalties assessed against you by a regulatory or governmental body to the extend they are insurable by law and not to exceed the Sublimit stated in Item 7a of the Declarations Page.
- **b**. Taxes
- **c.** Punitive or exemplary damages or any damages that are multiples of compensatory or any other damages assessed against an **Insured**;
- d. Equitable relief, injunctive relief, declarative relief or any other relief or recovery other than monetary amounts;
- e. Any fine, penalty, cost, recovery amount, assessment or expense (including without limitation any VISA ADCR or Mastercard ADC assessments), arising out of or related to any **Privacy Breach** or **Security Breach** arising out of or, related to, or involving, any payment card information, including without limitation, debit, credit, gift or prepaid card information, or any primary account number, service code, expiration **Data**, magnetic stripe **Data**, CAV2/CVC2/CVV2/CID numbers, PIN/PIN Block; or
- **f.** Amounts or matters which may be deemed uninsurable under the law pursuant to which the endorsement shall be construed.
- 20. Malicious Code means any virus, Trojan, worm or other similar malicious software program, code or script (including without limitation any of the foregoing that are specifically targeted or generally targeted at multiple computers or networks) intentionally designed to infect and harm a computer system, harm Data on a computer system, or steal Data from a computer system.
- 21. Management Personnel means your officers, directors, risk managers, partners, managing members of an LLC, or staff attorneys (including without limitation any CIO, CSO, CEO, COO, GC, CISO, or CFO), or any individual in a substantially similar position, or having substantially similar responsibilities, as the foregoing, irrespective of the exact title.
- **22. Multimedia Perils** means the release of, or display of, any electronic media on your **Internet** site or **Print Media** for which you are solely responsible, which directly results in any of the following:
 - **a.** Any form of defamation or other tort related to the disparagement or harm to the reputation or character of any person or organization, including libel, slander, product disparagement or trade libel, and infliction of emotional distress, mental anguish, outrage or outrageous conduct, if directly resulting from the foregoing;
 - **b.** Invasion, infringement or interference with an individual's right of privacy or publicity, including false light, intrusion upon seclusion, commercial misappropriation of name, person, or likeness, and public disclosure of private facts;



- c. Plagiarism or piracy;
- d. Infringement of copyright, trademark, trade name, trade dress, title, slogan, service mark or service name; or
- e. Domain name infringement or improper deep-linking or framing.
- 23. Named Insured means the Named Insured identified in the Declarations.
- 24. Notice Fulfillment Services means fulfillment services to provide notice to Impacted Individuals as required under applicable Breach Notice Laws, including printing services, email notice, media notice, mailing services and postage.
- **25. Personally, Identifiable Information** means any of the following information in your care, custody and control, in electronic or paper form or media:
 - **a.** A person's first and last name, or first initial and last name in combination with: social security number, passport number or any other national identification number; driver's license number or any other state identification number; medical or healthcare **Data** including protected health information; or any account number, credit or debit card number in combination with any required password or security code that would permit access to the financial account;
 - b. Non-public personal information as defined in any Privacy Regulation; or
 - **c.** An Internet Protocol (IP) address where utilizing reasonable knowledge means you can identify a specific individual with such IP address.
- **26. Endorsement Period** means the period of insurance beginning on the Inception Date identified in the Declarations and ending on the earlier of the Expiration Date in the Declarations or the date the endorsement is cancelled or otherwise expires.
- 27. **Print Media** means newspapers, newsletters, magazines, books and literary works in any form, brochures or other types of publications, and advertising materials, including packaging, photographs and digital images.
- 28. Privacy breach means any of the following:
 - a. Theft or loss of Personally Identifiable Information in your possession or control; or
 - **b.** Your negligent failure to destroy or delete personally identifiable information or allow a person to access or correct his or her personally identifiable information, in violation of your existing **Privacy Policy**.
- **29. Privacy policy** means your written and publicly disclosed policies identifying your practices for the collection, use, disclosure, sharing, allowing of access to, and correction of **Personally Identifiable Information**.
- **30. Privacy regulation** means any statute or regulation addressing the control, use or protection of **Personally Identifiable Information**.
- **31. Programming Error** means an error which occurs during the development or encoding of a computer program, application or operating system and which would, when in operation, result in: (i) a malfunction of **Your Computer System** or processing system; (ii) interruption of operations; or (iii) an incorrect result.
- 32. Retroactive date means the retroactive date identified in the Declarations of this endorsement.
- **33. Security Breach** means:
 - **a.** The inability and failure of your existing technical or physical security measures of **Your Computer System** to prevent unauthorized access to or unauthorized use of **Your Computer System** or a **Denial of Service Attack**;



- **b.** Physical theft or loss of a **Data** storage device that results in unauthorized access to **Personally Identifiable Information**, including a laptop computer; or
- c. Transmission of Malicious Code from Your Computer System to a third party's computer system.
- 34. Suit means a civil proceeding in which damages because of: (i) a Privacy Breach (for Privacy Breach Liability Coverage); (ii) a Security Breach (for Security Breach Liability Coverage); or (iii) Multimedia Perils, to which this insurance applies are alleged; provided that Suit shall not mean any action by any state, federal, local or foreign governmental entity, in such entity's regulatory or official capacity, except for the Office of Civil Rights of the U.S. Department of Health and Human Services.
- **35.** We, Us or Our means the insurer identified in the Declarations.
- **36. Your Computer System** means any computer hardware, software or firmware, laptop computer, external hard-drive, thumbdrive, non-phone PDAs or flash storage device and components thereof including **Data** stored thereon, that is:
 - a. Leased or owned, and which is under your direct operational control; or
 - **b.** Under the direct operational control of an independent contractor that provides services on your behalf to your clients or customers; provided that such independent contractor has agreed pursuant to a written contract with you to fully indemnify you for any claims, loss and costs arising out of any unauthorized access or use of such computer hardware, software or firmware, components and **Data**.

Provided, however, **Your Computer System** does not mean or include any phone devices (including without limitation any smart phone) or any device or equipment leased to you or leased or sold by you.

37. Your Digital Assets means digitally stored content, or an online account owned by you. Digital assets do not include computer hardware.

M. Changes

The terms of this Endorsement shall not be waived or changed except by endorsement duly executed by an authorized representative of the Company, issued to form a part of this Endorsement, and agreed upon by the **Named Insured**. If changes apply upon renewal these must have been agreed with the **Named Insured** at least 30 days in advanced to the expiration date and written consent given by the **Named Insured**.

N. Cancellation

- a. This endorsement may be cancelled by you by surrender thereof to **Us** or by giving a written notice to **Us** through your broker stating when thereafter the cancellation shall be effective. **We** may cancel this endorsement by giving to you or via the broker a written notice stating when not less than 60 days thereafter such cancellation shall be effective. However, if **We** cancel this endorsement because you have failed to pay a premium when due, this endorsement may be cancelled by **Us** by giving a written notice of cancellation to you at the address in the **Named Insured** Address section of the Declarations, stating when not less than 10 days thereafter such cancellation shall be effective.
- **b.** If the **Named Insured** cancels, earned premiums shall be computed in accordance with the customary short rate procedure. If **We** cancel this policy, earned premium shall be computed pro rata.
- c. Non Renewal: Our offer of renewal terms, conditions, limits of liability and/or premiums different from those of the expiring endorsement shall not constitute a refusal to renew. If the Named Insured exercises its right to purchase an Optional Extended Reporting Period, the Automatic Extended Reporting Period shall be deemed void from its inception date.

O. Extended Reporting Provisions

Solely with respect to the **Privacy Breach Liability Coverage** and **Security Breach Liability Coverage** as is provided by this endorsement, the following provisions apply:



a. Automatic Extended Reporting Period

If **We** or the **Named Insured** shall cancel or elect not to renew the coverage provided under this endorsement, you shall have the right following the effective date of such cancellation or nonrenewal to a period of sixty (60) days (herein referred to as the Automatic Extended Reporting Period) in which to give written notice to **Us** of **Claims** or **Suits** first made against you during the Automatic Extended Reporting Period for any **Privacy Breach** or **Security Breach** occurring prior to the end of the **Endorsement Period** and otherwise covered by this endorsement. The Automatic Extended Reporting Period shall not apply to **Claims** or **Suits** that are covered under any subsequent insurance you purchase or which is purchased for your benefit, or that would be covered by such subsequent insurance but for (1) the exhaustion of the amount of insurance applicable to such **Claims** or **Suits**, or (2) any applicable Deductible.

b. Optional Extended Reporting Period

If **We** or the **Named Insured** shall cancel or elect not to renew the coverage provided under this endorsement, you shall have the right to a period of up to two (2) years following the effective date of such cancellation or nonrenewal (herein referred to as the **Optional Extended Reporting Period**), upon payment of an additional premium of up to

- i. 85% of the full annual premium, for a period of one (1) year, or
- ii. 100% of the full annual premium, for a period of two (2) years,

in which to give written notice to **Us** of **Claims** or **Suits** first made against you during the Optional Extended Reporting Period for any **Privacy Breach** or **Security Breach** first occurring prior to the end of the **Endorsement Period** and otherwise covered by this endorsement.

As used herein, **Full Annual Premium** means the premium level as stated in the Declarations of this endorsement in effect immediately prior to the end of the **Endorsement Period**.

The rights contained in this clause shall terminate, however, unless the **Named Insured** of the endorsement provides written notice of such election together with the additional premium due to **Us** within thirty (30) days of the effective date of cancellation or non-renewal of the endorsement. The additional premium for the Optional Extended Reporting Period shall be fully earned at the inception of the Optional Extended Reporting Period is not cancelable. This clause and the rights contained herein shall not apply to any cancellation resulting from non-payment of premium.

The Limit of Liability for any applicable Extended Reporting Period shall be part of, and not in addition to, **Our** Limit of Liability set forth in the Declarations for this endorsement, and any applicable sublimit of liability.

P. Other Insurance

Refer to Other Insurance Clause as per Policy.

Q. Assignment

This endorsement may not be assigned to any party unless We consent in writing to the assignment.

R. Entire Agreement

By acceptance of the endorsement, you agree that this endorsement embodies all agreements between **Us** and you relating to this endorsement and the subject matter hereof, and supersedes and merges all prior or contemporaneous representations,



discussions, proposals, negotiations, conditions, communications and agreements, whether written or oral, between **Us** and you relating to this endorsement and the subject matter hereof.

S. Headings

The titles of paragraphs, section, provisions, or endorsements of or to this endorsement are intended solely for convenience and reference and are not deemed in any way to limit or expand the provisions to which they relate and are not part of the endorsement.

T. Violation of Economic or Trade Sanctions

This endorsement does not provide coverage to the extent that trade or economic sanctions or other similar laws or regulations prohibit the Insurer from providing insurance.



PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Certificate Number: <u>132885</u> Date: 10/15/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTICATE DOES NOT AFFIRMATELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

Agency: RESOLVE GENERAL AGENCY

Producer: E & E MEDINA'S LLC

Cancelation:

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Insured: Dr. LUIS CRUZ CINTRON

Specialty: Internal Medicine- NS (Class Code: 80257)

Vicariously Insured Physician(s): 0, Other Personel: 0

THIS IS TO CERTIFY THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INNSURACE NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDICIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCE BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	RETROACTIVE DATE	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMIT	
Professional Liability Claims Made	PP-50571	08/26/2011	08/26/2012	08/26/2013	Each Medical Claim	\$100,000.00 \$ n/a
					Aggregate	\$300,000.00 \$ n/a

Retroactive coverage for this policy has been interrupted and no coverage will be affored on claims ocurring during the following period(s):

Certificate Holder's Name: Certificate Holder's Address:

Junta de Licenciamiento Y Disciplina Médica

PO Box 13969

San Juan PR 00908.

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

Authorized Representative