



The Corporate Center Buliding  
33 Resolucion Street, Ste 702  
San Juan, PR 00920-2707  
Tel: (787)999.7763 • Fax: (787)993.7763  
resolve@prmdic.com

To: CLINICA DE TERAPIA FISICA VILLA REAL, INC.

# INVOICE

INVOICE: 02

DATE: 7/29/2020

PO BOX 1423

Corporate Primary Policy:CP-60136

**\$836.00**

VEGA BAJA PR, 00693

AGENCY: RESOLVE GENERAL AGENCY

PRODUCER: ALL INSURANCE GROUP, CORP.

Invoice	Effective	Description	AMOUNT
02	1/27/2015	Primary Policy:CP-60136 Effective From 1/27/2015 to 1/27/2016	\$836.00
TOTAL DUE			\$836.00

Please make all checks payable to: RESOLVE GENERAL AGENCY

**We thank you for your businnes.**

This document was created using an EVALUATION version of ActiveReports. Only a licensed user may legally create reports for use in production. Please report infractions or address questions to Sales@datadynamics.com Copyright © 2002-2008 Data Dynamics, Ltd. All rights reserved.

INVOICE:



Professional Liability Insurance Policy ("Claims Made")

RENEWAL ENDORSEMENT

For attachment to Policy No: **CP - 60136**

Agency: RESOLVE GENERAL AGENCY

Agent: ALL INSURANCE GROUP, CORP.

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


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

Insured Name: CLINICA DE TERAPIA FISICA VILLA REAL, INC.  Address: PO BOX 1423  VEGA BAJA PR, 00693	Specialty and/or Class Code: Physical Medicine- NS  80235	License Number: N/A									
Policy Period From: JANUARY 27, 2015 To: JANUARY 27, 2016 12:01 AM standar time at the address of the Named Insured											
Type and number of professional employees of the Insured is as follows (NONE unless otherwise indicated): Number of Employees: 2 <span style="float: right;"><b>TOTAL</b></span> Additional Employees: Physicians Assistant: 0 Nurse Midwife: 0 Nurse Anesthetist: 0 Nurse Practitioner: 0 All Other Personel: 3 <span style="float: right;"><b>5</b></span>											
Retroactive Date: JANUARY 27, 2014	Audit Period (ANNUALLY, unless otherwise indicated): ANNUALLY										
The Insured (A) is not connected with any partnership; (B) is not an owner or operator of a hospital, sanitarium 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. Exceptions to items (A), (B), (C), (D), (E), or (F) (Absence of any entry means "No Exceptions"):  As per Insurance Application Submitted by Insured.  N/A											
The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges, subject to the limits of liability stated herein and to all the terms and conditions of this policy relating thereto:  <table border="1"> <thead> <tr> <th>Coverage</th> <th>Limits Of Liability</th> <th>Advance Premium</th> </tr> </thead> <tbody> <tr> <td>Corporate Primary Liability</td> <td>\$ 100,000/300,000</td> <td>\$836.00</td> </tr> <tr> <td></td> <td>Each Medical Incident Annual Aggregate</td> <td></td> </tr> </tbody> </table>			Coverage	Limits Of Liability	Advance Premium	Corporate Primary Liability	\$ 100,000/300,000	\$836.00		Each Medical Incident Annual Aggregate	
Coverage	Limits Of Liability	Advance Premium									
Corporate Primary Liability	\$ 100,000/300,000	\$836.00									
	Each Medical Incident Annual Aggregate										

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

Forms: SED-P; P-101; P-102; P-103; P-109; P-110; P-111

Countersigned on: 7/29/2020, at San Juan, P.R. by

  
 Authorized Representative

This document was created using an EVALUATION version of ActiveReports. Only a licensed user may legally create reports for use in production. Please report infractions or address questions to Sales@datadynamics.com Copyright © 2002-2010 Datadynamics, Ltd. All rights reserved.  
 Please note that any payment must be received by the Insurer or its authorized representative on or before the commencement date of the policy period indicated above for this policy to be effective or continue in effect, as applicable.



## **INFORMACION IMPORTANTE**

### **PROCESO EN CASO DE**

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

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

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

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



**ATTACHED AND FORMING PART OF POLICY NO. CP60136 ISSUED IN FAVOR OF**  
**CLINICA DE TERAPIA FISICA VILLA REAL, INC.**

In consideration of the premium charged, it is hereby understood and agreed that Exclusion #2 is amended as follows only when Coverage B - Partnership, Association and Corporation Professional Liability is afforded.

Exclusion #2

Any liability the Insured has as an owner, proprietor, superintendent, partner, manager, director, officer, shareholder, agent, administrative office, executive office 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.
- b. Other business, organization, partnership, association or corporation not specifically set forth in the Declarations.

All other terms and conditions of this policy remain unchanged.

Countersignature by:

Authorized Representative