



INVOICE

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

INVOICE #01
Date:10/27/2020

VEGA BAJA IMAGING, PSC
3998 CARR. 2
VEGA BAJA PR 00693

Policy Number: CLE-30010

TOTAL AMOUNT: \$3,456.00

Invoice	Effective	Description	AMOUNT
01	03/27/2019	Excess Policy:CLE-30010 Effective From 03/27/2019 to 03/27/2020	\$3,456.00
TOTAL			\$3,456.00

Thank you for your business.

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Medical or X-Ray Laboratories Professional Liability Insurance Policy

(Claims Made)

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

DECLARATIONS PAGE

1. Named Insured: VEGA BAJA IMAGING, PSC
2. Insured's Address: 3998 CARR. 2
VEGA BAJA PR 00693
3. Authorized Representative or Producer: BENITEZ INSURANCE AGENCY
4. Policy Number: CLE-30010
5. Policy Period:

From: 03/27/2019

To: 03/27/2020

(both days at 12.01 A.M. Local Standard Time at the Insured's address shown in Item 2.)

6. Retroactive Date: 03/27/2009
7. Premium Computation:
The unit of exposure to which the rates are applied is each \$1,000 of receipts.

Rate: 4.38 Annual Receipts: \$686,182.00

8. 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.

Coverages	Limits of Liability	Advance Premium
A – Hospital Professional Liability	\$ <u>Not covered</u> each medical incident \$ <u>Not covered</u> aggregate	\$ Not covered
B – Medical or X-Ray Laboratories	\$250,000 each medical incident \$500,000 aggregate	\$3,456.00
Policy Total	\$250,000 each medical incident \$500,000 aggregate	\$3,456.00

9. Form and endorsements forming part of this policy at time of issue:



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PL – 001 (10/2014)	Professional Liability Policy
HPL – 002 (10/2014)	Hospital Professional Liability Insurance
LPL– 003 (5/2020)	Medical or X-Ray Laboratories Endorsement
LPL – 003.1 (5/2020)	Declarations
LPL – 00.3.2 (10/2014)	Mandatory Premium and Coverage Conditions
	Endorsement Puerto Rico
LPL – 003.3 (10/2014)	Continuous Renewal Endorsement
LPL – 003.4 (10/2014)	Statement of Representation and Acceptance

Designation of Premises:

Countersigned on: 10/27/2020 in San Juan, PR, by: _____
Authorized Representative



Medical or X-Ray Laboratories

THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Hospital Professional Liability Insurance (Claims Made)

It is agreed that:

1. Section I is amended to read:

The company will pay on behalf of the **Insured** all sums which the **Insured** shall become legally obligated to pay as damages because of injury to which this insurance applies caused by a medical incident occurring subsequent to the retroactive date, for which claim is first made against the **Insured** and reported to the company during the policy period.

The company shall have the right and duty to defend any **Suit** against the **Insured** seeking damages because of such injury even if any of the allegations of the **Suit** are groundless, false or fraudulent. The company may make such investigation and settlement of any claim or **Suit**, as it deems expedient. The company shall not be obligated to pay any claim or judgment or to defend any **Suit** after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

Exclusion

This insurance does not apply:

(a) to liability assumed by the **Insured** under any contract or agreement;

(b) to property damage to any biological, immunological or other therapeutic agent prepared, sold, handled or distributed by the name **Insured** arising out of such agent or any part of such agent.

2. Amended Definition

"Medical Incident" means any act or omission in the furnishing of professional services in the performance of clinical or anatomical pathological examinations and services for diagnostic the status of health, disease or injury of human beings or taking of X-Ray pictures.

3. The premium basis for this insurance is "receipts", meaning the gross amount of money charged by the named **Insured** for operations and services during the policy period which are covered hereby.