PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

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

Physicians, Surgeons and Dentists Excess Professional Liability Insurance Policy

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

DECLARATIONS

1. 2.	Named Insured: JEREMIA Named Insured's Address	AS ATENCIO GARCIA : COND LA RADA COND LA RADA		
3.	Producer:			
4. 5.	Policy Number: 50091 Policy Period From:12/28 <i>Both days at 12.01 A.M. Lo</i>	3/2011 To: 12/28/2012 ocal Standard Time at the Named Insured	d's addr	ess shown in Item 2.
6.	Retroactive Date: 8/1	1/2004		
7. a.	premium charge or charges of this policy relating there	nly with respect to the following coverage is, subject to the Limits of a Liability state etc. Furthermore, separate policies will be plied for and both coverages are providences	d herein be issued	and to all the terms If for each Coverage
	Limits of Liability	\$100,000 per Medical	\$300,	000
		Incident	aggre	egate
	Premium			\$100
b. Coverage B – Partnership, Association or Corporation Professional Liability				
	Limits of Liability	\$ per Medical Incident	\$	aggregate
U				
Cox	varage A. Individual	por Modical Incida	nt ¢	nggragn

Coverage A – Individual	\$ per Medical Incident	\$ aggregate
Coverage		
Coverage B – Partnership,	\$ per Medical Incident	\$aggregate
Association or Corporation		
Professional Liability		

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

Professional Employees	Coverage B
Physicians/ Surgeons / Dentists	
Allied Healthcare Providers	

10.	Additional locations under Coverage B:				
11.	The Named Insured is engaged in the practice of and is dully registered and licensed to practice this profession under the laws of the Commonwealth of Puerto Rico.				
12.	. Puerto Rico Physician, Surgeon or Dentist License Number:				
13.	 The Named Insured: a. is not connected with any partnership other than that described in item (9); 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.:				
14.	Forms and endorsements forming part of this policy at time of issue: a. Form SED- E: Schedule of Endorsementsb. Form E-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Ricoc. Form E-103: Continuous Renewal Endorsement				
Cou	ntersigned onin San Juan, PR, by: Authorized Representative				
	Tidilottica Representative				