

**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.

**RENEWAL ENDORSEMENT**

1. **Named Insured:** CRITICAL PULMONARY MEDICAL SERVICE
2. **Named Insured's Address:** CARLOS GARCIA 400 AVE. ROOSEVELT  
SAN JUAN PR 00918
3. **Producer:** RESOLVE GENERAL AGENCY  
  
SEGUROS JAVIER CALDERON
4. **Policy Number:** CP-60008
5. **Policy Period** From: 01/27/2015 To: 01/27/2016  
*Both days at 12.01 A.M. Local Standard Time at the Named Insured's address shown in Item 2.*
6. **Retroactive Date:** 01/27/2012
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. Coverage A – Individual Coverage

Limits of Liability	N/A per <b>Medical Incident</b>	N/A aggregate
Premium	No Coverage	

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

Limits of Liability	\$100,000 per <b>Medical Incident</b>	\$300,000 aggregate
Premium	\$1,354.00	

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

<b>Professional Employees</b>	<b>Coverage B</b>
Physicians/ Surgeons / Dentist	3
Allied Healthcare Providers	0

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9. Additional locations under Coverage B:
10. The **Named Insured** is engaged in the practice of Pulmonary Diseases- MS / Intensive Care Medicine; Class Code: 80283 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: N/A.
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 P-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Rico
  - c. Form P-103: Continuous Renewal Endorsement



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