

**Physicians, Surgeons and Dentists Excess Professional Liability Insurance Policy**  
This Declarations Page is attached to and forms part of the insurance policy.

**DECLARATIONS**

1. **Named Insured:** EDGARDO BERMUDEZ MORENO
2. **Named Insured's Address:** PO BOX 7334  
PONCE PR 00732
3. **Producer:** POPULAR INSURANCE  
  
POPULAR - AGENT GENERIC
4. **Policy Number:** PE-169
5. **Policy Period** From: 09/01/2005 To: 09/01/2006  
*Both days at 12.01 A.M. Local Standard Time at the Named Insured's address shown in Item 2.*
6. **Retroactive Date:** 09/01/2005
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	\$1,000,000 per <b>Medical Incident</b>	\$3,000,000 aggregate
Premium	\$8,856.00	

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

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

8. **Underlying Insurance Information**

Underlying Insurer:

**Underlying Insurer's Policy Number:**

**Underlying Insurer's Policy Period:** From 1/1/1900 12:00:00 AM To: 1/1/1900 12:00:00 AM

Coverage A – Individual Coverage	\$1,000,000 per <b>Medical Incident</b>	\$3,000,000 aggregate
Coverage B – Partnership, Association or Corporation Professional Liability	\$N/A per <b>Medical Incident</b>	\$N/A aggregate

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

<b>Professional Employees</b>	<b>Coverage B</b>
Physicians/ Surgeons / Dentists	No Coverage
Allied Healthcare Providers	No Coverage

10. Additional locations under Coverage B:

11. The **Named Insured** is engaged in the practice of Surgery- Cardiovascular 80150 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: 010593.

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 Endorsements
  - b. Form E-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Rico
  - c. Form E-103: Continuous Renewal Endorsement

Countersigned on 10/14/2020 in San Juan, PR, by:

\_\_\_\_\_.

Authorized Representative