

PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Certificate Number: 132884 Date: 9/11/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTICATE DOES NOT AFFIRMATELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW, THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

Agency: COLONIAL INSURANCE AGENCY
Producer: NIURKA VELEZ FELICIANO
Specialty: Diabetes- MS

Cancelation:

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE

THE SECONDATION OF THE PRINCIPLE OF THE PERSON NAMED OF T

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

THIS IS TO CERTIFY THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INNSURACE NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDICIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCE BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	RETROACTIVE DATE	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMIT		
Professional Liability Claims Made	IF-999998	06/22/2020	07/14/2020	07/14/2021	Each Medical Claim	\$1,000,000.00 \$ n/a	
					Aggregate	\$3,000,000.00 \$ n/a	
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Retroactive coverage for this policy has been interrupted and no coverage will be affored on claims ocurring during the following period(s):

Certificate Holder's Name: Certificate Holder's Address:

Junta de Licenciamiento Y Disciplina Médica 1590 Av. Juan Ponce de León

San Juan PR 00926

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

Authorized Representative