



The Corporate Center Buliding
33 Resolucion Street, Ste 702
San Juan, PR 00920-2707
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resolve@prmdic.com

To: VERONICA ORTIZ VEGA

INVOICE

INVOICE: 02

DATE: 11/6/2020

250 W. LA CANDELARIA ST.

COND. MARISOL

MAYAGUEZ PR, 00682

AGENCY: GREEN INSURANCE AGENCY, INC

PRODUCER: EDGAR LUGO BORGES

Policy Number:PAH-25024

\$248.00

Invoice	Effective	Description	AMOUNT
02	5/11/2019	Policy:PAH-25024 Effective From 5/11/2019 to 5/11/2020	\$248.00
TOTAL DUE			\$248.00

Please make all checks payable to: PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

We thank you for your businnes.

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INVOICE:

Allied Health Care Providers Liability Insurance Policy Renewal Endorsement

(Claim Made)

This Renewal Endorsement is attached to and forms part of the insurance policy. Please note that your payment must be received by the insurer or its authorized representative on or before the commencement date of the policy period indicated above for this policy to be effective or continue in effect, as applicable.

1. (a) Named Insured: VERONICA ORTIZ VEGA
(b) Partnership Name: N/A
(c) Insured's Address: 250 W. LA CANDELARIA ST.
COND. MARISOL MAYAGUEZ PR, 00682
(d) Insured's Agent or Broker: GREEN INSURANCE AGENCY, INC
EDGAR LUGO BORGES

2. **POLICY NUMBER:** PAH-25024

3. **POLICY PERIOD:**

From: MAY 11, 2019

To: MAY 11, 2020

(both days at 12.01 A.M. Local Standar Time at the Insured's address shown in Item 1(c) of the declarations.)

4. **RETROACTIVE DATE:** MAY 11, 2018

5. 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. Coverage is provided only when a limit and its associated premium are stated.

Coverages	Limits(each medical incident/aggregate)	Advance Premiums
A - Individual Coverage	\$100,000 each medical incident \$300,000 aggregate	\$248.00
B - Partnership Coverage	\$ NOT COVERED each medical incident \$ NOT COVERED aggregate	\$ NOT COVERED
Policy Total	\$100,000/\$300,000	\$248.00

*Separate policies will be issued for each coverage (Partnership , LLC , Association or Corporation), when applied for and both coverages are provided by the Company.

6. **SPECIAL CONDITIONS:**

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

****Refer to the Schedule of Endorsements Form: AHCP 003****

7. The **Named Insured** is engaged in practice as a: Naturopath / Class Code:2 and is dully registered and licensed to practice his/her profession under the laws of the Commonwealth of Puerto Rico.

Countersigned on: 3/5/2019 in San Juan, by: .

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INFORMACION IMPORTANTE

PROCESO EN CASO DE

DEMANDA Y/O RECLAMACIÓN EXTRAJUDICIAL

A continuación información importante:

- En caso de usted recibir una demanda y emplazamiento, reclamación extrajudicial o cualquier carta de un paciente o abogado, tiene que comunicarse de inmediato con nuestro Departamento de Defensa al (787) 999-7763 para notificarlo.
- Tiene que enviarnos copia de los documentos. Puede ser por correo electrónico o por fax. El correo electrónico tiene que ir dirigido a Irma Santiago (isantiago@prmdic.com) con copia a Lcda. Noelia Emmanuelli (nemmanuelli@prmdic.com). El fax tiene que indicar que va dirigido a Adriana Ortega del Departamento de Defensa. El número de fax es (787) 993-7763. Luego de enviado por fax, favor de llamar a PRMDIC para confirmar el recibo del mismo.
- Es importante que tenga conocimiento de que el término para contestar la demanda en el tribunal estatal es de 30 días y en el tribunal federal es de 21 días a partir de que se le entregue copia de la demanda y el emplazamiento.
- De no cumplir con dichos términos, el tribunal podrá anotarle la rebeldía. A su vez, la anotación de rebeldía provocará que PRMDIC le pueda negar cubierta o asigne el caso con reserva de derechos.
- Tiene que notificarnos de cualquier potencial reclamación, tan pronto usted tenga conocimiento de la misma.

De usted tener alguna duda o pregunta se puede comunicar con la Lcda. Noelia Emmanuelli al (787) 999-7763.