

PHYSICIANS. SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Certificate Number: 132884 Date: 7/28/2020

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: BENITEZ INSURANCE AGENCY Insured: TEST CORP

Producer: 4 ALL INSURANCE SERVICES CORP

<u>Cancelation:</u>
Specialty: /Otology- MS /Diabetes- NS (Class Code: 80290)

SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

Vicariously Insured Physician(s): 1, Other Personel: 0

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	CF-88887	01/01/2020	07/01/2020	07/01/2021	Each Medical Claim	\$1,000,000.00 \$ n/a
					Aggregate	\$3,000,000.00
						<u>\$ n/a</u>

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:

INSTITUTO FISIATRICO DE AIBONITO CSP

1590 Av. Juan Ponce de León San Juan PR 00926

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

Authorized Representative