

# EXTENDED REPORTING PERIOD QUOTE



DATE: January 30, 2020

INSURED'S NAME: DOMICILIARY CARE ORGANIZATION OF PR, INC.

POLICY NUMBER: CLE-30002

INSURED'S ADDRESS:  
49 MUÑOZ RIVERA AVE.  
JUNCOS PR 00777

POLICY EFFECTIVE DATE: January 15, 2019

POLICY EXPIRATION DATE: January 15, 2020

CANCELLATION DATE:

AGENCY: RESOLVE GENERAL AGENCY

AGENT: JORGE E RIVERA JIMENEZ

QUOTE FOR ENDORSEMENT: \$0.00

## RIGHT TO PURCHASE EXTENDED REPORTING PERIOD ENDORSEMENT

Upon termination of this insurance for any reason other than (1) cancellation for nonpayment of premium, or (2) expiration and renewal, the **Insured** shall have the right but not the obligation, to purchase an **Extended Reporting Period** Endorsement. The **Insured** must notify the **Company**, in writing, and remit full payment within thirty (30) days of the termination date or thirty (30) days of the date the **Company** mailed notification of the **Insured's** option, whichever is greater. The **Insured** must also remit any earned but unpaid premium that may be due under the terminated policy. The policy language that applied immediately prior to the termination date will apply to all **Claims** submitted during the **Extended Reporting Period**. Once the optional **Extended Reporting Period** is exercised as stated above, the endorsement may not be cancelled and premium for this option is non-refundable and considered fully earned.

The **Extended Reporting Period** does not extend the **Policy Period**, change the scope of coverage provided, or increase the limits of liability. The aggregate limits of liability applicable to the **Extended Reporting Period** will be reinstated once, to the same limits as those applicable to the terminating policy at the time of termination. Furthermore, the limit of liability stated in the Declarations as "aggregate" shall represent the total liability of the company for all damages because of all injury to which the insurance applies but shall be an annual aggregate for each of the first two years of the endorsement and a total aggregate for the entire **Extended Reporting Period** following the end of the second year.

This endorsement applies to claims first made against the **Insured** subsequent to the effective date of the termination of the policy to which the endorsement is attached, but only by reason of claims because of injury to which said policy applies, arising out of the rendering of or failure to render professional services by the **Insured** on or after the **Retroactive Date** of the mentioned policy and prior to the effective date of such termination.

Should you require additional information please contact our office at 787-999-7763.