

PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Documentación Requerida – Renovación Impericia Medica

Fecha: 25/09/2020

Asegurado: MARCOS MORAN VELEZ

Número de Póliza: PP-53358 Fecha de efectividad: 11/6/2020

Agencia: RESOLVE GENERAL AGENCY
Productor: RESOLVE GENERAL AGENCY

Saludos cordiales de su aseguradora de impericia médica, Puerto Rico Medical Defense Insurance Company. Incluimos la renovación de su póliza de impericia médica. Es importante que, junto al pago correspondiente, nos haga llegar las credenciales médicas identificadas con(X) y las que se encuentran expiradas, identificadas con (EXP). Las credenciales listadas son requisitos para la renovación de su póliza.

	ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN (ASSMCA)
	DRUG ENFORCEMENT ADMINISTRATION (DEA)
	CERTIFICADO DE LA JUNTA DE LICENCIAMIENTO (DONDE SE DETALLE EL ALCANCE DE SU PRACTICA)
	REGISTRO MEDICO (EMITIDO POR LA JUNTA DE LICENCIAMIENTO)
	CURRICULIM VITAE
Х	COPIA DE LA RENOVACION DE SU POLIZA PRIMARIA VIGENTE (IUNICAMENTE PARA RENOVACIONES DE EXCESO DONDE SU PRIMARIO NO ESTE CON PRMD)

Solicitamos además que, de su información personal o profesional haber sufrido algún cambio, **complete el documento incluido** "Insurance Application Update Form"

En cumplimiento con las disposiciones de la Regla XXIX del Reglamento del Código de Seguros de Puerto Rico, el pago de la prima de la renovación de su póliza claims-made" deberá de ser recibido por la compañía en o antes de la fecha de efectividad para que la misma pueda cobrar vigencia y evitar la la cancelación del contrato. De lo contrario, el asegurado podrá ejercer la opción de adquirir el endoso conocido como cola "tail",

Le agradecemos emita su pago a tiempo a través de los siguientes métodos: cheque, ACH, Visa, MasterCard, PayPal y/o contrato de financiamiento.

De tener alguna duda puede comunicarse con su productor de seguros o con nosotros al 787-999-7763

Atentamente,

Estefanía Victoria González AINS, CIC

Vicepresidenta Auxiliar

Departamento de Suscripción





The Corporate Center Buliding 33 Resolucion Street, Ste 702 San Juan,PR 00920-2707

Tel: (787)999.7763 • Fax: (787)993.7763

resolve@prmdic.com

To: MARCOS MORAN VELEZ

INVOICE: 02

DATE: 9/25/2020

Primary Policy:PP-53358

\$3,379.00

D-42

UTUADO PR, 00641

URB. CABRERA

AGENCY: RESOLVE GENERAL AGENCY PRODUCER: RESOLVE GENERAL AGENCY

Invoice	Effective	Description	AMOUNT
02	11/6/2020	Primary Policy:PP-53358 Effective From 11/6/2020 to 11/6/2021	\$3,379.00
			40.000.55
		TOTAL DUE	\$3,379.00

Please make all checks payable to: RESOLVE GENERAL AGENCY

We thank you for your businnes.

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Professional Liability Insurance Policy ("Claims Made")

RENEWAL ENDORSEMENT

For attachment to Policy No: **PP - 53358**Agency: RESOLVE GENERAL AGENCY

Agent: RESOLVE GENERAL AGENCY

In accordance with the Continuous Renewal endorsement attached to and forming part of the above referenced policy, and subject to the payment of the total renewal premium, the policy will be renewed for the policy period stated below subject to all its terms and conditions.

The policy to which this Renewal Endorsement is attached will be renewed according to the information indicated below, which was previously provided by the Insured to the Insurer. Accordingly, if there has been any change in said information, the insured must notify in writing to the Insurer of such changes before the commencement date of the renewal policy period or immediately upon becoming aware of said changes so that the necessary changes may be made and your policy is not affected. If no changes are notified to the insurer, it is understood and agreed that the information indicated below continues to be valid and correct.

Insured Name:	MARCOS MORAN	N VELEZ	Speci	alty	y and/or Class Code:	License Number:		
			Famil	y or	r General Practice- MS / Emergency	21546		
Address:	URB. CABRERA		Medic	ine	e- No Major			
Addiess.	D-42		80102)				
	UTUADO PR, 006	41	00102	-				
Policy Period Fror			To	D:	NOVEMBER 6, 2021			
12:01 AM standar	time at the address	of the Named Insure	ed					
Type and number	of professional empl	oyees of the Insure	d is as follows (NONE o	ınle	ess otherwise indicated):			
						TOTAL		
Additional Employ	ees:							
Retroactive Date:			Audit F	Audit Period (ANNUALLY, unless otherwise indicated):				
NOVEMBER 6, 2019			ANNU	ANNUALLY				
board facilities; (C)	does not perform ma	ajor surgery; (D) doe	es not perform minor su	rge	r of a hospital, sanitarium or clinic wit ery, (E) does not use x-ray apparatus D), (E), or (F) (Absence of any entry	for therapeutic		
		As per Insurance	e Application Submitted	by	y Insured.			
			D					
			ollowing coverages as a rms and conditions of the		indicated by specific premium charge policy relating thereto:	e or charges,		
Cov	verage		Limits Of Liabili	ty	Advance Pre	emium		
A. Individual Profes	sional Liability	\$	100,000/300,000		\$3,379	.00		
		Each	Medical Incident Annua	l Ag	ggregate			
Form Number of er	ndorsements forming	part of this policy a	t issue:					
Forms: SED-P; P-1	01; P-102; P-103; P-	-109; P-110; P-111						
Countersigned on:	9/25/2020		, at San Juan, P.R. I	ΟV	Lunge Course	Cn.		

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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
 (<u>isantiago@prmdic.com</u>) con copia a Lcda. Noelia Emmanuelli
 (<u>nemmanuelli@prmdic.com</u>). 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.



PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Certificate Number: 132884 Date: 9/25/2020

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: RESOLVE GENERAL AGENCY

Producer: RESOLVE GENERAL AGENCY

Cancelation:

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

ACCORDANCE WITH THE POLICY PROVISIONS.

Insured: Dr. MARCOS MORAN VELEZ

Specialty: Family or General Practice- MS /Emergency

Medicine- No Major (Class Code: 80102)

Vicariously Insured Physician(s): 0, 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	PP-53358	11/06/2019	11/06/2020	11/06/2021	Each Medical Claim	\$100,000.00 \$ n/a
					Aggregate	\$300,000.00
						<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:

Junta de Licenciamiento Y Disciplina Médica

PO Box 13969

San Juan PR 00908.

V Author