



The Coporate Building • Suite 702 • 33 Resolución St. • San Juan, PR 00920-2707

## Medical or X-Ray Laboratories Professional Liability Insurance Policy

(Claims Made)

This Declarations Page is attached to and forms part of the insurance policy.

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### DECLARATIONS PAGE

1. Named Insured: PLAZA DEL CARMEN MEDICAL SERVICES, INC.

2. Insured's Address: PO BOX 620  
COROZAL PR 00783

3. Authorized Representative or Producer: RESOLVE GENERAL AGENCY  
JOSEFINA ORTIZ NATER

4. Policy Number: CLP-20008

5. Policy Period:

From: 07/22/2015

To: 07/22/2016

(both days at 12.01 A.M. Local Standard Time at the Insured's address shown in Item 2.)

6. Retroactive Date: 07/22/2015

7. Premium Computation:

The unit of exposure to which the rates are applied is each \$1,000 of receipts.

Rate: 3.66 Annual Receipts: \$500,000.00

8. 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.

Coverages	Limits of Liability	Advance Premium
A – Hospital Professional Liability	\$ <u>Not covered</u> each medical incident \$ <u>Not covered</u> aggregate	\$ Not covered
B – Medical or X-Ray Laboratories	\$100,000 each medical incident \$300,000 aggregate	\$2,105.00
Policy Total	\$100,000 each medical incident \$300,000 aggregate	\$2,105.00

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



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PL – 001 (10/2014)	Professional Liability Policy
HPL – 002 (10/2014)	Hospital Professional Liability Insurance
LPL– 003 (5/2020)	Medical or X-Ray Laboratories Endorsement
LPL – 003.1 (5/2020)	Declarations
LPL – 00.3.2 (10/2014)	Mandatory Premium and Coverage Conditions
	Endorsement Puerto Rico
LPL – 003.3 (10/2014)	Continuous Renewal Endorsement
LPL – 003.4 (10/2014)	Statement of Representation and Acceptance

Designation of Premises:

Countersigned on: 10/26/2020 in San Juan, PR, by:

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Authorized Representative