



#33 Resolución St. • Suite 702 • San Juan, PR • 00920-2707

CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

ALLIED HEALTH CARE PROVIDER PROFESSIONAL LIABILITY INSURANCE POLICY

Certificate Number: 132886

Date: 11/6/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY 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.

Producer: EDGAR LUGO BORGES-COLONIAL INSURANCE AGENCY

Name Insured: VERONICA ORTIZ VEGA

Comments:

Employees of the Named Insured:

THIS IS TO CERTIFY THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INNSURANCE 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)	LIMITS	
Professional Liability Claims Made	PAH-25024	05/11/2018	05/11/2019	05/11/2020	Each Medical Claim	\$100,000.00 \$ n/a
					Aggregate	\$300,000.00 \$ n/a

Certificate Holder's Name:

A.G.R. LIFE TEAM, LLC

Cancellation: SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Postal Address:

1040 CALLE ARCADA  
HACIENDA SAN JOSÉ  
CAGUAS PR 00727-3127.

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

Authorized Representative