



The Corporate Center Building 33 Resolución Street, Ste 702 San Juan, PR 00920-2707

## RENEWAL ENDORSEMENT

Attached to Policy No. 45004

### THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY.

In consideration of the premium charged, it is hereby agreed and understood that in accordance with the Continuous Renewal Endorsement (CLE-04) 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 Company. Accordingly, if there has been any change in said information, the **Insured** must notify us 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 Company, it is understood and agreed that the information indicated below continues to be valid and correct.

Agency / Producer: RESOLVE GENERAL AGENCY / COS INSURANCE AGENCY

#### ITEM 1. NAMED INSURED ENTITY - NAME AND ADDRESS:

☐ Individual ☒ Corporation

Name Insured or Entity: CAMUY HEALTH SERVICES, INC

Address: PO BOX 660

CAMUY, PR 00627

#### ITEM 2. LIMITS OF LIABILITY:

(A) Per suit: \$ N/A

(B) Aggregate: \$ 500,000

(C) Sublimit for Fines & Penalties: \$ N/A (within the overall limit)

NOTE: Indemnity Period for Business Interruption Coverage will be limited to three months once the Deductible Time Period is exhausted.

#### ITEM 3. RENEWAL PERIOD:

(A) Inception Date: 6/22/2020

(B) Expiration Date: 6/22/2021

at 12:01 a.m. both dates at the Address set forth in ITEM 1.



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**ITEM 4. RETROACTIVE DATE**

Retroactive Date: 6/22/2018

**ITEM 5. DEDUCTIBLE:**

Each suit: \$ 2,500

**ITEM 6. PREMIUM:**

Total Premium: \$ 1,994.00

**ITEM 7. FORMS & ENDORSEMENTS:**

Forms and Endorsements made a part of this Policy at time of issue:


CLE-03 Mandatory Premium and Coverage Conditions Endorsement Puerto Rico

CLE-04 Continuous Renewal Endorsement

**ITEM 8. NOTICE TO INSURER**

ID EXPERTS  
LINCOLN CENTER ONE  
10300 SW GREENBURG ROAD, SUITE 570  
PORTLAND, OR 97223

**\*\*Please note that your payment must be received by the Company or its authorized representative on or before the inception date of the Policy Period indicated above for this policy to be effective or continue in effect, as applicable.**

Countersigned on: 7/31/2020 in San Juan, PR, by:   
Authorized Representative

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED**