

PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Documentación Requerida - Renovación Impericia Medica

Fecha: 09/11/2020

Asegurado: HILDEBERTO A BLASCO SARDINAS

Número de Póliza: PP-50001 Fecha de efectividad: 8/9/2012

Agencia: RESOLVE GENERAL AGENCY

Productor: ALFREDO MERE

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)
(EXP) 07/31/2017	DRUG ENFORCEMENT ADMINISTRATION (DEA)
	CERTIFICADO DE LA JUNTA DE LICENCIAMIENTO (DONDE SE DETALLE EL ALCANCE DE SU PRACTICA)
(EXP) 12/18/2019	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



INVOICE: 02

DATE: 11/9/2020



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: HILDEBERTO A BLASCO SARDINAS

Primary Policy:PP-50001

\$1,238.00

VILLA CAROLINA 4TA EXTENCION

CALLE 401 BLOQ. 139-10 CAROLINA PR, 00985

AGENCY: RESOLVE GENERAL AGENCY

PRODUCER: ALFREDO MERE

Invoice	Effective	Description	AMOUNT
02	8/9/2012	Primary Policy:PP-50001 Effective From 8/9/2012 to 8/9/2013	\$1,238.00
		TOTAL DUE	\$1,238.00

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 - 50001

Agency: RESOLVE GENERAL AGENCY

Agent: ALFREDO MERE

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:	HILDEBERTO A BLASCO	SARDINAS	Specialt	y and/or Class Code:	License Number		
				or General Practice- NS	14656		
			r arring c	or contract radioc 140	14000		
	VILLA CAROLINA 4TA EX						
	CALLE 401 BLOQ. 139-10)	80420				
Policy Period From:	CAROLINA PR, 00985			ALICHET 0, 2042			
Policy Period From.	AUGUST 9, 2012		To:	AUGUST 9, 2013			
12:01 AM standar tii	me at the address of the N	lamed Insured					
Type and number of	f professional employees	of the Insured is as follows	(NONE unl	ess otherwise indicated):			
					TOTAL		
Additional Employee	201						
Additional Employee							
Retroactive Date:			Audit Period (ANNUALLY, unless otherwise indicated):				
AUGUST 9, 2011				ANNUALLY			
board facilities; (C) do	t connected with any partr pes not perform major surç other professional specia	gery; (D) does not perform	minor surg	ery, (E) does not use x-ra	ay apparatus for therapeutic		
	As p	er Insurance Application	Submitted b	y Insured.			
		N/A					
The insurance afforde	ed is only with respect to s	uch of the following cover	ages as are	indicated by specific pre	mium charge or charges,		
	f liability stated herein and		-				
Cove	rage	Limits	Of Liability		Advance Premium		
A. Individual Professi	onal Liability \$	100,000/3	300,000		\$1,238.00		
		Each Medical Incident	Annual A	ggregate			
Form Number of ende	orsements forming part of	this policy at issue:					
Forms: SED-P; P-10	1; P-102; P-103; P-109; P-	110; P-111					
Countersigned on:	11/9/2020	, at San Ju	an, P.R. by	Lucy	U ana Cri		

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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: 132886 Date: 11/9/2020

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.

RESOLVE GENERAL AGENCY Agency: Insured: Dr. HILDEBERTO BLASCO SARDIÑAS Producer: **ALFREDO MERE** Specialty: Family or General Practice- NS Cancelation: (Class Code: 80420) SHOULD THE ABOVE DESCRIBED POLICY BE CANCELLED BEFORE Vicariously Insured Physician(s): 0, Other Personel: 0 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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-50001	08/09/2011	08/09/2012	08/09/2013	Each Medical Claim	<u>\$100,000.00</u> <u>\$</u> n/a
					Aggregate	\$300,000.00 \$ n/a

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:

PO Box 13969 Junta de Licenciamiento Y Disciplina Médica

San Juan PR 00908.

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

Authorized Representative