

**PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY**  
The Corporate Center Building • Suite 702 • Calle Resolución #33 • San Juan, PR 00920-2707  
**Physicians, Surgeons and Dentists Professional Liability Insurance Policy**  
This Declaration Page is attached to and forms part of the insurance policy.

**RENEWAL ENDORSEMENT**

1. **Named Insured:** ENDOUROLOGICAL INSTITUTE INC
2. **Named Insured's Address:** TORRE MEDICA AUXILIO MUTUO 608 PONCE DE LEON 735 PDA. 37  
SAN JUAN PR 00917
3. **Producer:** RESOLVE GENERAL AGENCY  
  
PGS INSURANCE
4. **Policy Number:** CP-60044
5. **Policy Period** From: 10/20/2013 To: 10/20/2014  
*Both days at 12.01 A.M. Local Standard Time at the Named Insured's address shown in Item 2.*
6. **Retroactive Date:** 10/02/1991

7. **Limits of Liability:**  
*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. Furthermore, separate policies will be issued for each Coverage A and Coverage B when applied for and both coverages are provided by the **Company**.*

a. Coverage A – Individual Coverage

Limits of Liability	\$100,000 per <b>Medical Incident</b>	\$300,000 aggregate
Premium		

*Additional Coverages*

<input type="checkbox"/> eMED Defense Cyber Endorsement		
Limits of Liability	\$ 25,000 per incident	\$ 25,000 aggregate
Sub-Limit for Fines & Penalties		\$10,000.00
Deductible		\$1,000.00
Premium		N/A

*eMED Defense Cyber Endorsement is subject to its own conditions and exclusions. Please refer to Endorsement Form: P-122 attached to this policy.*

b. Coverage B – Partnership, Association or Corporation Professional Liability

Limits of Liability	N/A per <b>Medical Incident</b>	N/A aggregate
Premium	No Coverage	

8. The number of professional **employees** employed by the **Insured** under Coverage B:

<b>Professional Employees</b>	<b>Coverage B</b>
Physicians/ Surgeons / Dentist	No Coverage
Allied Healthcare Providers	No Coverage

9. Additional locations under Coverage B:

10. The **Named Insured** is engaged in the practice of \_\_\_\_\_ and is dully registered and licensed to practice this profession under the laws of the Commonwealth of Puerto Rico.

11. Puerto Rico Physician, Surgeon or Dentist License Number: .

12. The **Named Insured**:

- a. is not connected with any partnership other than that described in item (8);
- b. is not an owner or operator of a hospital, sanatorium or clinic with bed and board facilities;
- c. does not perform major surgery;
- d. does not perform minor surgery;
- e. does not use X-Ray apparatus for therapeutic treatment;
- f. has no other professional specialty;

Please list any exceptions to a., b; c; d; e; or f.: .

13. Forms and endorsements forming part of this policy at time of issue:

- a. Form SED: Schedule of Endorsement
- b. Form P-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Rico
- c. Form P-103: Continuous Renewal Endorsement



Countersigned on 10/19/2020 in San Juan, PR, by: \_\_\_\_\_  
Authorized Representative