



INVOICE

#33 Calle Resolución
Suite 702
San Juan, PR 00920
Phone (787)999-7763 Fax (787)993-7763

INVOICE #02
Date:10/27/2020

LABORATORIO CLINICO SHALOM, INC.
PO BOX 903
QUEBRADILLAS PR 00678

Policy Number: CLP-20036

TOTAL AMOUNT: \$155.00

Invoice	Effective	Description	AMOUNT
02	01/15/2019	Primary Policy:CLP-20036 Effective From 01/15/2019 to 01/15/2020	\$155.00
TOTAL			\$155.00

Thank you for your business.

Thank you for your business.



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Medical or X-Ray Laboratories Professional Liability Insurance Policy

(Claims Made)

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

RENEWAL ENDORSEMENT

For attachment to Policy No.

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

1. Named Insured: LABORATORIO CLINICO SHALOM, INC.
2. Insured's Address: PO BOX 903
QUEBRADILLAS PR 00678
3. Authorized Representative or Producer: RESOLVE GENERAL AGENCY
FIRST CLASS INSURANCE
4. Policy Number: CLP-20036
5. Policy Period:

From: 01/15/2019 To: 01/15/2020
(both days at 12.01 A.M. Local Standard Time at the Insured's address shown in Item 2.)

6. Retroactive Date: 12/26/2013
7. Audit Period: Annually (unless otherwise indicated)
8. Premium Computation:
The unit of exposure to which the rates are applied is each \$1,000 of receipts.

Rate: 3.66 Annual Receipts: \$36,911.00

9. 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.



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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	\$155.00
Policy Total	\$100,000 each medical incident \$300,000 aggregate	\$155.00

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

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 – 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: 10/27/2020 in San Juan, PR, by:

Authorized Representative

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



Medical or X-Ray Laboratories

THIS ENDORSEMENT CHANGES THE POLICY - PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

Hospital Professional Liability Insurance (Claims Made)

It is agreed that:

1. Section I is amended to read:

The company will pay on behalf of the **Insured** all sums which the **Insured** shall become legally obligated to pay as damages because of injury to which this insurance applies caused by a medical incident occurring subsequent to the retroactive date, for which claim is first made against the **Insured** and reported to the company during the policy period.

The company shall have the right and duty to defend any **Suit** against the **Insured** seeking damages because of such injury even if any of the allegations of the **Suit** are groundless, false or fraudulent. The company may make such investigation and settlement of any claim or **Suit**, as it deems expedient. The company shall not be obligated to pay any claim or judgment or to defend any **Suit** after the applicable limit of the company's liability has been exhausted by payment of judgments or settlements.

Exclusion

This insurance does not apply:

(a) to liability assumed by the **Insured** under any contract or agreement;

(b) to property damage to any biological, immunological or other therapeutic agent prepared, sold, handled or distributed by the name **Insured** arising out of such agent or any part of such agent.

2. Amended Definition

"Medical Incident" means any act or omission in the furnishing of professional services in the performance of clinical or anatomical pathological examinations and services for diagnostic the status of health, disease or injury of human beings or taking of X-Ray pictures.

3. The premium basis for this insurance is "receipts", meaning the gross amount of money charged by the named **Insured** for operations and services during the policy period which are covered hereby.