



VIG TOWER • Suite 1401 • 1225 Ave. Ponce de León • Santurce, PR 00907-3921

### STATEMENT OF REPRESENTATIONS AND ACCEPTANCE

The undersigned represents that he (she) has no knowledge of any claim or **suit** having been filed in which he (she) is included as defendant or codefendant, and/or in which allegations of negligent acts or omissions have been imputed against the **Insured**, or any occurrence(s) or circumstance(s), or **Medical Incident**, which might be reasonably expected to result in a claim or **Suit**, except as indicated below (Please give a brief description of each claim, occurrence or circumstance or **Medical Incident**):

---

---

---

The undersigned is aware and agrees that no coverage will be afforded for claims first made while the policy being reinstated herein was not in force, or for the following:

1. Claim(s) received on or after the effective date of this reinstatement and arising out of the above described occurrence(s) or circumstance(s), or **Medical Incident** (s).
2. Complaint(s) which the **Insured** has been notified of or served with summons while the policy being reinstated herein was not in force.
3. Complaint(s) filed prior to the effective date of this reinstatement, in which the **Insured** is named as defendant, or codefendant, and/or in which allegations of negligence or omissions are imputed against the **Insured**, any of which the **Insured** was or should have been aware while the policy being reinstated herein was not in force.
4. Claim(s) received on or after the effective date of this reinstatement, in which negligence and/or omissions are imputed against the **Insured**, of which the **Insured** was or should have been aware while the policy being reinstated herein was not in force.
5. Claim(s) received on or after the effective date of this reinstatement, the existence of which were or should have been anticipated by the **Insured** due to specific circumstances (such as requests for medical records) occurring while the policy being reinstated herein was not in force.

The above representations are made as a condition for the Company to consider the request for the limited reinstatement of the undersigned's policy number \_\_\_\_\_.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_