

PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE POLICY

Documentación Requerida - Renovación Impericia Medica

Fecha: 09/03/2020

Asegurado: JOSE R ORTIZ FELICIANO

Número de Póliza: PP-50675 Fecha de efectividad: 10/6/2014

Agencia: RESOLVE GENERAL AGENCY

Productor: ZULMA RODRIGUEZ

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.**

(EXP) 08/31/2017	ADMINISTRACIÓN DE SERVICIOS DE SALUD MENTAL Y CONTRA LA ADICCIÓN (ASSMCA)
(EXP) 12/31/2017	DRUG ENFORCEMENT ADMINISTRATION (DEA)
Х	CERTIFICADO DE LA JUNTA DE LICENCIAMIENTO (DONDE SE DETALLE EL ALCANCE DE SU PRACTICA)
Х	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





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: JOSE R ORTIZ FELICIANO

INVOICE: 03

DATE: 3/9/2020

Primary Policy:PP-50675

\$6,962.00

FAJARDO PR, 00738

PO BOX 781

AGENCY: RESOLVE GENERAL AGENCY PRODUCER: ZULMA RODRIGUEZ

Invoice	Effective	Description	AMOUNT	
03 10/6/2014		Primary Policy:PP-50675 Effective From 10/6/2014 to 10/6/2015	\$6,962.00	
		TOTAL DUE	\$6,962.00	

Please make all checks payable to: RESOLVE GENERAL AGENCY

We thank you for your businnes.

This document was created using an EVALUATION version of ActiveReports. Only a licensed user may legally create reports for use in production. Please report infractions or address questions to Sales@datadynamics.com Copyright © 2002-2008 Data Dynamics, Ltd. All rights reserved.



Professional Liability Insurance Policy ("Claims Made")

RENEWAL ENDORSEMENT

For attachment to Policy No: PP - 50675

Agency: RESOLVE GENERAL AGENCY

Agent: ZULMA RODRIGUEZ

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: JOSE R ORTIZ FE	 ELICIANO					
mourod Name.		Specialty and/or Class	Code: License Numbe			
		Surgery- General NOC	6201			
Address: PO BOX 781						
		80143				
FAJARDO PR, 00	738	I	ı			
Policy Period From: OCTOBER 6, 2	2014	To: OCTOBER	5, 2015			
12:01 AM standar time at the address	of the Named Insured					
Type and number of professional emp	loyees of the Insured is a	as follows (NONE unless otherwise i	ndicated):			
			TOTAL			
Additional Employees:						
Retroactive Date:		Audit Period (ANNUALL)	Audit Period (ANNUALLY, unless otherwise indicated):			
OCTOBER 6, 2004 ANNUALLY						
The Insured (A) is not connected with a board facilities; (C) does not perform metreatment; (F) has no other professiona Exceptions"):	ajor surgery; (D) does no	ot perform minor surgery, (E) does no	ot use x-ray apparatus for therapeutic			
	As per Insurance Ap	plication Submitted by Insured.				
		C,D				
The insurance afforded is only with resp subject to the limits of liability stated he						
Coverage		Limits Of Liability	Advance Premium			
A. Individual Professional Liability	\$	100,000/300,000	\$6,962.00			
	Each Medic	al Incident Annual Aggregate				
Form Number of endorsements forming	part of this policy at issu	ue:				
Forms: SED-P; P-101; P-102; P-103; P	-109; P-110; P-111					
Countersigned on: 3/9/2020		at San Juan P.R. hv	Lucy Course Com			

This document was created using an EVALUATION version of ActiveReports. Only a licensed user may legally create reports for use in production. Please report infractions or address questions to Sales@datadynamics.com Copyright Please of the policy period indicated above for this policy to be effective or continue in effect, as applicable.



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: 131039 Date: 3/9/2020

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.

Agency: RESOLVE GENERAL AGENCY

Producer: ZULMA RODRIGUEZ

Specialty: Surgery- General NOC
(Class Code: 80143)

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-50675	10/06/2004	10/06/2014	10/06/2015	Each Medical Claim	<u>\$100,000.00</u> <u>\$</u> n/a
					Aggregate	\$300,000.00 \$ n/a
		I	I	l		

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:

Junta de Licenciamiento Y Disciplina Médica

PO Box 13969

San Juan PR 00908.

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

Authorized Representative