



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

Medical or X-Ray Laboratories 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. **Name Insured:**

2. **Insured Address:**

3. **Policy Period:**

From:

To:

** 12.01am standard time at the address of the Named Insured

4. **Retroactive Date:**

5. **Audit Period:** Annually (unless otherwise indicated)

6. **Premium Computation:**

The unit of exposure to which the rates are applied is each \$1,000 of receipts.

Rate: _____

Annual Receipts: _____

7. 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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SCHEDULE*

Coverages	Limits of Liability	Advance Premium
A – Professional Liability Policy	\$ <u>Not covered</u> each medical incident \$ <u>Not covered</u> aggregate	\$ Not covered
B – Hospital Professional Liability	\$ <u>Not covered</u> each medical incident \$ <u>Not covered</u> aggregate	\$ Not covered
C – Medical or X- Ray Laboratories	\$ _____ each medical incident \$ _____ aggregate	\$
Policy Total	\$ _____ each medical incident \$ _____ aggregate	\$

8. Form Number of endorsements forming part of this policy at issue:

Countersigned on _____, at San Juan, P.R., 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.