



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

INVOICE

INVOICE: 05

DATE: 11/4/2020

To: CARIBBEAN IMAGING & RADIATION TREATMENT CENTER, INC.

Corporate Primary Policy:CP-60189

\$13,431.00

2225 PONCE BY PASS

EDIF. PARRA STE. 102-105

PONCE PR, 00717

AGENCY: RESOLVE GENERAL AGENCY

PRODUCER: MARSH SALDAÑA, INC

Invoice	Effective	Description	AMOUNT
05	8/22/2018	Primary Policy:CP-60189 Effective From 8/22/2018 to 8/22/2019	\$13,431.00
TOTAL DUE			\$13,431.00

Please make all checks payable to: RESOLVE GENERAL AGENCY

We thank you for your businnes.

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INVOICE:



Professional Liability Insurance Policy ("Claims Made")

RENEWAL ENDORSEMENT

For attachment to Policy No: **CP - 60189**

Agency: RESOLVE GENERAL AGENCY

Agent: MARSH SALDAÑA, INC

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: CARIBBEAN IMAGING & RADIATION TREATMENT CENTER, INC. Address: 2225 PONCE BY PASS EDIF. PARRA STE. 102-105 PONCE PR, 00717		Specialty and/or Class Code: Radiopaque Dye Injections / Lasers, Radiation Therapy 80425	License Number: N/A									
Policy Period From: AUGUST 22, 2018 12:01 AM standar time at the address of the Named Insured		To: AUGUST 22, 2019										
Type and number of professional employees of the Insured is as follows (NONE unless otherwise indicated): <table> <tr> <td>Number of Employees:</td> <td>11</td> <td>TOTAL</td> </tr> <tr> <td>Additional Employees:</td> <td>Physicians Assistant: 0 Nurse Midwife: 0 Nurse Anesthetist: 0 Nurse Practitioner: 7 All Other Personel: 26</td> <td>44</td> </tr> </table>				Number of Employees:	11	TOTAL	Additional Employees:	Physicians Assistant: 0 Nurse Midwife: 0 Nurse Anesthetist: 0 Nurse Practitioner: 7 All Other Personel: 26	44			
Number of Employees:	11	TOTAL										
Additional Employees:	Physicians Assistant: 0 Nurse Midwife: 0 Nurse Anesthetist: 0 Nurse Practitioner: 7 All Other Personel: 26	44										
Retroactive Date: AUGUST 8, 2007		Audit Period (ANNUALLY, unless otherwise indicated): ANNUALLY										
The Insured (A) is not connected with any partnership; (B) is not an owner or operator of a hospital, sanitarium 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. Exceptions to items (A), (B), (C), (D), (E), or (F) (Absence of any entry means "No Exceptions"): As per Insurance Application Submitted by Insured. N/A												
The insurance afforded is only with respect to such of the following coverages as are indicated by specific premium charge or charges, subject to the limits of liability stated herein and to all the terms and conditions of this policy relating thereto: <table> <thead> <tr> <th>Coverage</th> <th>Limits Of Liability</th> <th>Advance Premium</th> </tr> </thead> <tbody> <tr> <td>Corporate Primary Liability</td> <td>\$ 100,000/300,000</td> <td>\$13,431.00</td> </tr> <tr> <td></td> <td>Each Medical Incident Annual Aggregate</td> <td></td> </tr> </tbody> </table>				Coverage	Limits Of Liability	Advance Premium	Corporate Primary Liability	\$ 100,000/300,000	\$13,431.00		Each Medical Incident Annual Aggregate	
Coverage	Limits Of Liability	Advance Premium										
Corporate Primary Liability	\$ 100,000/300,000	\$13,431.00										
	Each Medical Incident Annual Aggregate											

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

Forms: SED-P; P-101; P-102; P-103; P-109; P-110; P-111

Countersigned on: 11/4/2020, at San Juan, P.R. by


 Authorized Representative

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 Please note that no 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.



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 (isantiago@prmdic.com) con copia a Lcda. Noelia Emmanuelli (nemmanuelli@prmdic.com). 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.



ATTACHED AND FORMING PART OF POLICY NO. CP60189 ISSUED IN FAVOR OF
CARIBBEAN IMAGING & RADIATION TREATMENT CENTER, INC.

In consideration of the premium charged, it is hereby understood and agreed that Exclusion #2 is amended as follows only when Coverage B - Partnership, Association and Corporation Professional Liability is afforded.

Exclusion #2

Any liability the Insured has as an owner, proprietor, superintendent, partner, manager, director, officer, shareholder, agent, administrative office, executive office or member of the board of directors, trustees or governors of any:

- a. Hospital, nursing home, sanatorium, retirement facility, clinic or similar institution which provides bed and board facilities.
- b. Other business, organization, partnership, association or corporation not specifically set forth in the Declarations.

All other terms and conditions of this policy remain unchanged.

Countersignature by:

Authorized Representative