

PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY
The Corporate Center Building • Suite 702 • Calle Resolución #33 • San Juan, PR 00920-2707
Physicians, Surgeons and Dentists Professional Liability Insurance Policy
This Declaration Page is attached to and forms part of the insurance policy.

RENEWAL ENDORSEMENT

1. **Named Insured:** G&C HEALTH GROUP, PSC
2. **Named Insured's Address:** PO BOX 1747
ISABELA PR 00662
3. **Producer:** RESOLVE GENERAL AGENCY

RESOLVE GENERAL AGENCY
4. **Policy Number:** CP-60000
5. **Policy Period** From: 09/14/2013 To: 09/14/2014
Both days at 12.01 A.M. Local Standard Time at the Named Insured's address shown in Item 2.
6. **Retroactive Date:** 09/14/2011
7. **Limits of Liability:**
*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. Furthermore, separate policies will be issued for each Coverage A and Coverage B when applied for and both coverages are provided by the **Company**.*

a. Coverage A – Individual Coverage

Limits of Liability	\$100,000 per Medical Incident	\$300,000 aggregate
Premium		

Additional Coverages

<input type="checkbox"/> eMED Defense Cyber Endorsement		
Limits of Liability	\$ 25,000 per incident	\$ 25,000 aggregate
Sub-Limit for Fines & Penalties		\$10,000.00
Deductible		\$1,000.00
Premium		N/A

eMED Defense Cyber Endorsement is subject to its own conditions and exclusions. Please refer to Endorsement Form: P-122 attached to this policy.

b. Coverage B – Partnership, Association or Corporation Professional Liability

Limits of Liability	N/A per Medical Incident	N/A aggregate
Premium	No Coverage	

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8. The number of professional **employees** employed by the **Insured** under Coverage B:

Professional Employees	Coverage B
Physicians/ Surgeons / Dentist	No Coverage
Allied Healthcare Providers	No Coverage

9. Additional locations under Coverage B:

10. The **Named Insured** is engaged in the practice of _____ and is dully registered and licensed to practice this profession under the laws of the Commonwealth of Puerto Rico.

11. Puerto Rico Physician, Surgeon or Dentist License Number: .

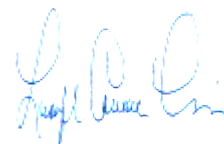
12. The **Named Insured**:

- a. is not connected with any partnership other than that described in item (8);
- b. is not an owner or operator of a hospital, sanatorium 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;

Please list any exceptions to a., b; c; d; e; or f.: .

13. Forms and endorsements forming part of this policy at time of issue:

- a. Form SED: Schedule of Endorsement
- b. Form P-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Rico
- c. Form P-103: Continuous Renewal Endorsement



Countersigned on 10/19/2020 in San Juan, PR, by: _____
Authorized Representative