



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: TEST CORP

# INVOICE

INVOICE: 02

DATE: 7/29/2020

Corporate First Dollar Policy:CF-88887

**\$504.00**

PR,

AGENCY: BENITEZ INSURANCE AGENCY

PRODUCER: 4 ALL INSURANCE SERVICES CORP

Invoice	Effective	Description	AMOUNT
02	7/1/2021	Corporate First Dollar Policy:CF-88887 Effective From 7/1/2021 to 7/1/2022	\$504.00
TOTAL DUE			\$504.00

Please make all checks payable to: PUERTO RICO MEDICAL DEFENSE INSURANCE COMPANY

**We thank you for your businnes.**

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INVOICE:



Professional Liability Insurance Policy ("Claims Made")

RENEWAL ENDORSEMENT

For attachment to Policy No: **CF - 88887**

Agency: BENITEZ INSURANCE AGENCY

Agent: 4 ALL INSURANCE SERVICES CORP

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: <b>TEST CORP</b>  Address:  PR,		Specialty and/or Class Code: Otology- MS  80290	License Number: N/A
Policy Period From: <u>JULY 1, 2021</u> 12:01 AM standar time at the address of the Named Insured		To: <u>JULY 1, 2022</u>	
Type and number of professional employees of the Insured is as follows (NONE unless otherwise indicated): Number of Employees: <b>1</b> <span style="float: right;"><b>TOTAL</b></span> Additional Employees: Physicians Assistant: 0 Nurse Midwife: 0 Nurse Anesthetist: 0 Nurse Practitioner: 0 All Other Personel: 0 <span style="float: right;"><b>1</b></span>			
Retroactive Date: JANUARY 1, 2020		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"):  <p style="text-align: center;">As per Insurance Application Submitted by Insured.</p> <p style="text-align: center;">D</p>			
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:			
Coverage	Limits Of Liability	Advance Premium	
Corporate Primary Liability	\$ 1,000,000/3,000,000	\$504.00	
	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: 7/29/2020, 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.



**ATTACHED AND FORMING PART OF POLICY NO. CF88887 ISSUED IN FAVOR OF**  
**TEST CORP**

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