

Physicians, Surgeons and Dentists Excess Professional Liability Insurance Policy
This Declarations Page is attached to and forms part of the insurance policy.

DECLARATIONS

1. **Named Insured:** SALVADOR LOPEZ ROJAS
2. **Named Insured's Address:** PO BOX 30000 PO BOX 30000
3. **Producer:**
4. **Policy Number:** 50302
5. **Policy Period** From: 6/19/2012 To: 6/19/2013
Both days at 12.01 A.M. Local Standard Time at the Named Insured's address shown in Item 2.

6. **Retroactive Date:** 6/19/2012

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	\$100	

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

Limits of Liability	\$ _____ per Medical Incident	\$ _____ aggregate
Premium		

8. **Underlying Insurance Information**

Underlying Insurer: _____

Underlying Insurer's Policy Number: _____

Underlying Insurer's Policy Period: From _____ To: _____

Coverage A – Individual Coverage	\$ _____ per Medical Incident	\$ _____ aggregate
Coverage B – Partnership, Association or Corporation Professional Liability	\$ _____ per Medical Incident	\$ _____ aggregate

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

Professional Employees	Coverage B
Physicians/ Surgeons / Dentists	
Allied Healthcare Providers	

10. Additional locations under Coverage B:

11. 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.

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

_____.

13. The **Named Insured**:

- a. is not connected with any partnership other than that described in item (9);
- 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.:

_____.

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

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

Countersigned on _____ in San Juan, PR, by: _____
Authorized Representative