



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: 07

DATE: 10/29/2020

To: TESLA RADIOLOGY, LLC AND/OR GUAYAMA RADIOLOGY SERVICES,
LLC AND/OR TESLA IMAGENES, CPS AND/OR INTEGRATED RADIOLOGY
ASSOCIATES, INC.
PO BOX 361525

Corporate Primary Policy:CP-60110
\$5,919.00

SAN JUAN PR, 00936

AGENCY: COLONIAL INSURANCE AGENCY

PRODUCER: CHRISTIANSEN INSURANCE

Invoice	Effective	Description	AMOUNT
07	10/30/2019	Primary Policy:CP-60110 Effective From 10/30/2019 to 10/30/2020	\$5,919.00
TOTAL DUE			\$5,919.00

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: **CP - 60110**

Agency: COLONIAL INSURANCE AGENCY

Agent: CHRISTIANSEN INSURANCE

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: TESLA RADIOLOGY, LLC AND/OR GUAYAMA RADIOLOGY SERVICES, LLC AND/OR TESLA IMAGENES, CPS AND/OR INTEGRATED RADIOLOGY ASSOCIATES, INC. Address: PO BOX 361525 SAN JUAN PR, 00936		Specialty and/or Class Code: Needle Biospy / Radiology- Diagnostic- MS 80280	License Number: N/A
Policy Period From: <u>OCTOBER 30, 2019</u> 12:01 AM standar time at the address of the Named Insured		To: <u>OCTOBER 30, 2020</u>	
Type and number of professional employees of the Insured is as follows (NONE unless otherwise indicated): Number of Employees: 10 TOTAL Additional Employees: Physicians Assistant: 0 Nurse Midwife: 0 Nurse Anesthetist: 0 Nurse Practitioner: 0 All Other Personel: 2 12			
Retroactive Date: SEPTEMBER 30, 2010		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	\$ 100,000/300,000	\$5,919.00	
	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: 10/29/2020, 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.



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. CP60110 ISSUED IN FAVOR OF

TESLA RADIOLOGY, LLC AND/OR GUAYAMA RADIOLOGY SERVICES, LLC AND/OR
TESLA IMAGENES, CPS AND/OR INTEGRATED RADIOLOGY ASSOCIATES, 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