**Physicians, Surgeons and Dentists Excess Professional Liability Insurance Policy**

This Declarations Page is attached to and forms part of the insurance policy.

**RENEWAL ENDORSEMET**

1. **Named Insured**:
2. **Named Insured**’s Address:

1. Producer:

1. Policy Number:
2. **Policy Period** From:  To:

*Both days at 12.01 A.M. Local Standard Time at the Named Insured’s address shown in Item 2.*

1. Retroactive Date:
2. 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****.*

1. Coverage A – Individual Coverage

|  |  |  |
| --- | --- | --- |
| Limits of Liability | $ per **Medical Incident** | $ aggregate |
| Premium |  | |

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

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

1. **Underlying Insurance** Information (if different from the time of policy issuance)

Underlying Insurer:

**Underlying Insurer’s Policy** Number:

**Underlying Insurer’s Policy** Period: From  To:

**Underlying Insurer’s Policy Limit**:

|  |  |  |
| --- | --- | --- |
| Coverage A – Individual Coverage | $ per **Medical Incident** | $ aggregate |
| Coverage B – Partnership, Association or Corporation Professional Liability | N/A per **Medical Incident** | N/A aggregate |

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

|  |  |
| --- | --- |
| **Professional Employees** | **Coverage B** |
| Physicians/ Surgeons / Dentists | No Coverage |
| Allied Healthcare Providers | No Coverage |

1. Additional locations under Coverage B:
2. 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.
3. Puerto Rico Physician, Surgeon or Dentist License Number: .
4. The **Named** **Insured**:
   1. is not connected with any partnership other than that described in item (9);
   2. is not an owner or operator of a hospital, sanatorium or clinic with bed and board facilities;
   3. does not perform major surgery;
   4. does not perform minor surgery;
   5. does not use X-Ray apparatus for therapeutic treatment;
   6. has no other professional specialty;

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

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

Countersigned on  in San Juan, PR, by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Authorized Representative