**Medical or X-Ray Laboratories Professional Liability Insurance Policy**

(Claims Made)

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

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**DECLARATIONS PAGE**

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

1. Authorized Representative or Producer:

1. Policy Number:
2. Policy Period:

From:  To:

(both days at 12.01 A.M. Local Standard Time at the Insured’s address shown in Item 2.)

1. Retroactive Date:
2. Premium Computation:

The unit of exposure to which the rates are applied is each $1,000 of receipts.

Rate:  Annual Receipts:

1. 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.

|  |  |  |
| --- | --- | --- |
| Coverages | Limits of Liability | Advance Premium |
| A – Hospital Professional Liability | $ Not covered each medical incident  $ Not covered aggregate | $ Not covered |
| B – Medical or X- Ray Laboratories | $ each medical incident  $ aggregate |  |
| Policy Total | $ each medical incident  $ aggregate |  |

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

PL – 001 (10/2014) Professional Liability Policy

HPL – 002 (10/2014) Hospital Professional Liability Insurance

LPL– 003 (5/2020) Medical or X-Ray Laboratories Endorsement

LPL – 003.1 (5/2020) Declarations

LPL – 00.3.2 (10/2014) Mandatory Premium and Coverage Conditions

Endorsement Puerto Rico

LPL – 003.3 (10/2014) Continuous Renewal Endorsement

LPL – 003.4 (10/2014) Statement of Representation and Acceptance

Designation of Premises:

Countersigned on:  in San Juan, PR, by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative