**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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**RENEWAL ENDORSEMENT**

**For attachment to Policy No.**

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

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. Audit Period: Annually (unless otherwise indicated)
3. 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 – 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

\*\*Please note that your 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.