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

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

**RENEWAL ENDORSEMENT**

1. **Named Insured**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Named Insured’s** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Producer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **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 |  | |

*Additional Coverages*

|  |  |  |
| --- | --- | --- |
| eMED Defense Cyber Endorsement | | |
| Limits of Liability | $ 25,000 per incident | $ 25,000 aggregate |
| Sub-Limit for Fines & Penalties | $10,000.00 | |
| Deductible | $1,000.00 | |
| Premium |  | |

*eMED Defense Cyber Endorsement is subject to its own conditions and exclusions. Please refer to Endorsement Form: P-122 attached to this policy.*

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

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

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

|  |  |
| --- | --- |
| **Professional Employees** | **Coverage B** |
| Physicians/ Surgeons / Dentist |  |
| Allied Healthcare Providers |  |

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 (8);
   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:
   1. Form SED: Schedule of Endorsement
   2. Form P-102: Mandatory Premium and Coverage Conditions Endorsement Puerto Rico
   3. Form P-103: Continuous Renewal Endorsement

Countersigned on \_\_\_\_\_\_\_\_\_\_\_\_\_\_in San Juan, PR, by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Authorized Representative