



APPLICATION FOR RENEWAL

Physicians, Surgeons and Dentists Professional Liability Insurance Policy (Claims Made)

Name of Applicant: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In accordance with the Continuous Renewal Endorsement attached to the above captioned policy, I herewith enclose the corresponding payment for the renewal of said policy.

For this purpose, I certify that:

( ) 1. all the information included in the last application pertaining to said policy remains unchanged as of the date in which this application for renewal is signed, except for the Policy Period which will now read:

From \_\_\_\_\_ To \_\_\_\_\_

( ) 2. the information included in the last application pertaining to said policy has changed since the date in which said application was signed and a new Application for Insurance is enclosed duly completed. (The Application for Insurance form is available at www.simedpr.com)

I hereby authorize release and exchange of information involving, but not limited to, underwriting or claim matter between my professional society or association, previous insurer, hospital or clinic and the Syndicate.

Personal Information:

Mailing Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Office Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

IMPORTANT WARNING

Article 27.320 of the Insurance Code of P.R. arranges the following:

“Any person who knowingly and with the intention to defraud that present false information in an insurance request or, that present, make or help to make a fraudulent claim for the payment of a loss or another benefit, or will present more than a claim by a same damage or loss, will incur in a serious crime and could be convicted and sanctioned, by each violation with pain of no smaller fine of five thousand (5,000) dollars, nor greater of ten thousand (10,000) dollars or imprisonment by a fixed term of three (3) years, or both pains. If there are aggravating circumstances, the pain fixes established could be increased until a maximum of five (5) years; to mediate extenuating circumstances, it could be reduced until a minimum of two (2)”.

AVISO IMPORTANTE

El Artículo 27.320 del Código de Seguros de P.R. dispone lo siguiente:

“Cualquier persona que a sabiendas y que con la intención de defraudar presente información falsa en una solicitud de seguro o, que presentare, ayudare o hiciere presentar una reclamación fraudulenta para el pago de una pérdida u otro beneficio, o presentare más de una reclamación por un mismo daño pérdida, incurrirá en delito grave y convicto que fuere, será sancionado, por cada violación con pena de multa no menor de cinco mil (5,000) dólares, ni mayor de diez mil (10,000) dólares o pena de reclusión por un término fijo de tres (3) años, o ambas penas. De mediar circunstancias agravantes, la pena fija establecida podrá ser aumentada hasta un máximo de cinco (5) años; de mediar circunstancias atenuantes, podrá ser reducida hasta un mínimo de dos (2)”.

I certify that the foregoing answers and statements are complete, true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date