

Previous No. **NONE**

Identification No. **691802199521**

<b>I. Name and address Of the Master Policyholder:</b>	The Beacon/Axis Series Group Insurance Trust C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley, TV1 13P British West Indies
<b>Name of Members:</b>	<b>deepak shukla</b>
<b>Members Address:</b>	address line 1 address line 2 ahmedabad Gujarat India 323232
<b>Mail Forwarding Address of Members:</b>	address line 1 address line 2 ahmedabad Gujarat India 323232
<b>II. Effective date of Coverage:</b>	<b>12/20/2023 to 12/27/2023</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
<b>III. Insurance is effective with certain</b>	Davies Insurance Limited for and on behalf of the Azimuth Segregated Account and Reinsured by certain Lloyd's Underwriters
<b>Percentage</b>	100%
<b>IV. Amount:</b>	As set forth in Section 21, Schedule of Benefits and Limits
<b>Coverage:</b>	<b>THE BEACON SERIES TRAVEL MEDICAL PLAN</b>
<b>Deductible:</b>	\$0.00
<b>Maximum Limit:</b>	\$ 1,100,000.00
<b>Ultimate Sports Rider:</b>	No
<b>Premium:</b>	\$ 13.00
<b>V. Agent / Agent(s) of Record:</b>	ARS Default

**Dated:**  
12/20/2023

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**