

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 701939843

ISSUED TO: Imperato Jill Rebekah

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
<b>Elevated Blood Pressure, any treatment of, operation, diagnostic procedure or any other conditions related to elevated blood pressure, hypertension, circulatory, and any complications thereof</b>	<b>48 months</b>

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

\_\_\_\_\_  
**(NAME OF MEMBER)**

X \_\_\_\_\_  
**(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)**

\_\_\_\_\_  
**DATE (Mo./Day/Yr.)**

**AZIMUTH RISK SOLUTIONS**

X

\_\_\_\_\_  
Carlos M. Robinson  
President

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 701939843

ISSUED TO: Imperato Isabella Aocan

It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to the following shall be excluded from this insurance, unless such charges, expenses or claims are directly attributable to and resulting from a covered accident:

Rider Condition	Time Period of Rider
<b>Scoliosis, any injury to, disease, or disorder of the spinal column, including but not limited to, vertebrae, intervertebral discs, surrounding ligaments and muscles, complicating radiculitis and any treatment or operation for or complications thereof</b>	<b>Permanent</b>

All other terms, clauses, conditions, provisions, restrictions and exclusions remain unchanged.

\_\_\_\_\_  
**(NAME OF MEMBER)**

x \_\_\_\_\_  
**(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)**

\_\_\_\_\_  
**DATE (Mo./Day/Yr.)**

**AZIMUTH RISK SOLUTIONS**

X

\_\_\_\_\_  
Carlos M. Robinson  
President