

Rider No. 1

ATTACHING TO AND FORMING PART OF: ARS-03-0003027

ISSUED TO: Pearson Bethany Lynn

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
Allergies, allergic disorder or reactions, including any diagnostic evaluation or treatment for or complications thereof	48 months

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, LLC.

X

Carlos M. Robinson
President

Rider No. 2

ATTACHING TO AND FORMING PART OF: ARS-03-0003027

ISSUED TO: Pearson Bethany Lynn

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
Sacroiliac Joint, Lumbar or Sacral spine, any injury to, disease, or disorder of the lumbar, sacral spinal column, or sacroiliac joint, including the vertebrae, intervertebral discs, surrounding ligaments and muscles and the lumbosacral and sacro-iliac articulations, including any complications of the back and any treatment or operation for or complications thereof	Permanent

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, LLC.

X

Carlos M. Robinson
President