# Rider No. 1

# ATTACHING TO AND FORMING PART OF: 701937515

ISSUED TO: Beck Anthony

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
Any injury to, disease, or disorder of the left	
foot, including the bones and surrounding	
ligaments, muscles, and tendons, and any	Permanent
treatment or operation for or complications	
thereof	

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.)
	(NAME OF MEMBER)	

**AZIMUTH RISK SOLUTIONS** 



# Rider No. 2

# ATTACHING TO AND FORMING PART OF: 701937515

ISSUED TO: Beck Anthony

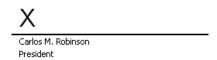
It is hereby declared and agreed that with effect from the Effective Date shown on the Declaration Page attached to the Evidence of Insurance, and continuing for the below mentioned time period, beginning on the Effective Date, any and all charges, expenses or claims related directly or indirectly to 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
Deviated Septum, any injury to, disease, or disorder of the nasal septum, including any operation or treatment for or complications thereof	48 months

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

(NAME OF MEMBER)	
Y.	
(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)	DATE (Mo./Day/Yr.)

**AZIMUTH RISK SOLUTIONS** 



# Rider No. 3

# ATTACHING TO AND FORMING PART OF: 701937515

ISSUED TO: Beck Anthony

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	
Tumor, cyst, disorder or disease, including		
but not limited to Parotid Tumor, including	1 60 months	
any testing, operation, or treatment for or		
complications thereof		

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** 

