

**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
<b>Any injury to, disease, or disorder of the left foot, including the bones and surrounding ligaments, muscles, and tendons, 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

**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
<b>Deviated Septum, any injury to, disease, or disorder of the nasal septum, including any operation or treatment for or 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. 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
<b>Tumor, cyst, disorder or disease, including but not limited to Parotid Tumor, including any testing, operation, or treatment for or complications thereof</b>	<b>60 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