### ATTACHING TO AND FORMING PART OF: ARS-03-0010170

### ISSUED TO: Russell Shannon David

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
Cervical Spine, Disc, any injury to, disease, or disorder of the spinal column, including the vertebrae, intervertebral discs, surrounding ligaments and muscles, complicating radiculitis and any treatment or operation 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.**

Carlos M. Robinson President

#### ATTACHING TO AND FORMING PART OF: ARS-03-0010170

#### ISSUED TO: Russell Shannon David

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
Ankylosing Spondylitis, any treatment of, operation or complications thereof	60 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.**

Carlos M. Robinson President

### ATTACHING TO AND FORMING PART OF: ARS-03-0010170

### ISSUED TO: Russell Janet marie

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
Cubital Tunnel, any treatment of, operation of, or complications thereof	60 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.**

Carlos M. Robinson President

#### ATTACHING TO AND FORMING PART OF: ARS-03-0010170

#### ISSUED TO: Russell Janet marie

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
Acid Reflux, any treatment of, disease of, or disorder of, operation, or complications thereof	

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

#### (NAME OF MEMBER)

Χ\_

# (SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

# AZIMUTH RISK SOLUTIONS, LLC.

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Carlos M. Robinson President