

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 691802121581

ISSUED TO: Mehta Jay Ravi

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>Neck Pain, including 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

**Rider No. 2**

ATTACHING TO AND FORMING PART OF: 691802121581

ISSUED TO: Mehta Jay Ravi

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>The Coronavirus/COVID-19, severe acute respiratory syndrome, any mutation or variation of, including any treatment or operation for or complication 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

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 691802121581

ISSUED TO: Mehta Mamie

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>The Coronavirus/COVID-19, severe acute respiratory syndrome, any mutation or variation of, including any treatment or operation for or complication 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

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 691802121581

ISSUED TO: Mehta Caleb Jay

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>The Coronavirus/COVID-19, severe acute respiratory syndrome, any mutation or variation of, including any treatment or operation for or complication 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

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 691802121581

ISSUED TO: Mehta Joseph Jay

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>Penis, any disease or disorder of the penis, and any treatment or operation 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

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: 691802121581

ISSUED TO: Mehta Josiah Jay

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>Tongue-tie, including 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