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
Neck Pain, including operation or treatment for 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

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

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

(NAME OF MEMBER)	
Χ	
(SIGNATURE OF MEMBER,	DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS



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
The Coronavirus/COVID-19, severe	
acute respiratory syndrome, any	
mutation or variation of, including any	60 months
treatment or operation for or	
complication 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.)
AZIM	UTH RISK SOLUTIONS
X	
Carlos M. R President	obinson
Rider No. 1	
Declaration Page attached to the mentioned time period, beginning claims related directly or indire	hat with effect from the Effective Date shown on the Evidence of Insurance, and continuing for the below on the Effective Date, any and all charges, expenses of ctly to the following shall be excluded from this expenses or claims are directly attributable to and
Rider Condition	Time Period of Rider
The Coronavirus/COVID-19, acute respiratory syndrom mutation or variation of, inclutreatment or operation complication thereof.	
All other terms, clauses, conditiunchanged.	ions, provisions, restrictions and exclusions remain
(NAME OF MEMBER)	
X(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)	DATE (Mo./Day/Yr.)

AZIMUTH RISK SOLUTIONS



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
Penis, any disease or disorder of the penis, and any 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.)

AZIMUTH RISK SOLUTIONS



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
Tongue-tie, including 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

