## ATTACHING TO AND FORMING PART OF: ARS-03-0024461

ISSUED TO: douce philip earl

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
Lumbar spine, any injury to, disease or disorder of the lumbar spinal column,	
including the vertebrae, intervertebral discs, surrounding ligaments and muscles and the lumbosacral and sacro-iliac articulations,	
and including complicating sciatica, sciatic neutitis, radiculitis, low back syndrome and	
any treatment or operation for or complications thereof.	

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

# (NAME OF MEMBER)

Х

# (SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

# **AZIMUTH RISK SOLUTIONS, LLC.**

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### ATTACHING TO AND FORMING PART OF: ARS-03-0024461

#### ISSUED TO: douce deborah ann

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
Breast(s), any disease or disorder of the breast(s), including metastases, and any operation or treatment for or complications thereof.	36 months

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

## (NAME OF MEMBER)

Х

(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

# AZIMUTH RISK SOLUTIONS, LLC.

## ATTACHING TO AND FORMING PART OF: ARS-03-0024461

#### ISSUED TO: douce philip william

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
Anterior Cruciate Ligament (ACL)- Right	
Knee, any injury, disease or disorder of the	/IX months
(ACL), including any treatment or operation	
for or complications thereof.	

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

#### (NAME OF MEMBER)

Х

(SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

# AZIMUTH RISK SOLUTIONS, LLC.

#### ATTACHING TO AND FORMING PART OF: ARS-03-0024461

#### ISSUED TO: douce philip william

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
Meniscus - Right Knee, any disorder of the	
knee, including any treatment or operation	48 months
for or complications thereof.	

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

#### (NAME OF MEMBER)

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# (SIGNATURE OF MEMBER, GUARDIAN OR PROXY)

DATE (Mo./Day/Yr.)

# AZIMUTH RISK SOLUTIONS, LLC.

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