

Rider No. 1

ATTACHING TO AND FORMING PART OF: 691802206935

ISSUED TO: Thomas George Barker

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
Hip(s) disorder, any injury to, disease or disorder of the hip(s), 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

X

Carlos M. Robinson
President

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Rider Condition	Time Period of Rider
Shoulder(s), any injury to, disease or disorder of the shoulder(s), 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,
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Rider Condition	Time Period of Rider
Left & Right Ulnar Nerve, any injury to, disease or disorder of the Left & Right Ulnar Nerve, 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

X

Carlos M. Robinson
President