# ATTACHING TO AND FORMING PART OF: ARS-04-0017175

ISSUED TO: Fisher Michael Brandt

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
Hypertension, any treatment of, operation, diagnostic procedure or any other conditions related to hypertension, high blood pressure, circulatory, and any complications thereof.	36 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.



#### ATTACHING TO AND FORMING PART OF: ARS-04-0017175

ISSUED TO: Fisher Michael Brandt

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Rider Condition	Time Period of Rider
Gastroesophageal reflux disease, including	
any diagnostic evaluation or treatment for or	36 months
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, LLC.

Carlos M. Robinson President

### ATTACHING TO AND FORMING PART OF: ARS-04-0017175

ISSUED TO: Fisher Michael Brandt

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Rider Condition	Time Period of Rider
Uric Acid/Gout, any disease or disorder, including operation or treatment 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, LLC.

Carlos M. Robinson President

### ATTACHING TO AND FORMING PART OF: ARS-04-0017175

ISSUED TO: Fisher Jordan Donne

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
Improvement of hearing of the left ear, any	
treatment or operation for the improvement	Permanent
of hearing, including 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, LLC.

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Carlos M. Robinson	
President	