Rider No. 1

ATTACHING TO AND FORMING PART OF: 802048047

ISSUED TO: Frost Olwen Noelle Douglas

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	
Back/Lower Back Syndrome or Pain, any		
injury to, disease or back disorder, including		
but not limited to, vertebrae, intervertebral,	60 months	
discs, surrounding ligaments and muscles,	oo montus	
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. 2

ATTACHING TO AND FORMING PART OF: 802048047

ISSUED TO: Frost Olwen Noelle Douglas

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
Cataract(s), or any injury to the eye(s), including blindness or impairment of vision, and any treatment or operation 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

