

Rider No. 1

ATTACHING TO AND FORMING PART OF: ARS-03-0027300

ISSUED TO: Smith Ian Murray

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
Lower gastrointestinal, including but not limited to colon, anus and rectum, any disease or disorder of, including any operation or treatment for and other 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.

X

Carlos M. Robinson
President