

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: ARS-04-0045010

ISSUED TO: Roberto Peregrina

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
<b>Cholesterol, Atherosclerosis, any treatment of, operation, diagnostic procedure or any other conditions related to elevated cholesterol, chest pain, heart attack, stroke, and plaque deposits, and any complications thereof.</b>	<b>60 months</b>

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

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: ARS-04-0045010

ISSUED TO: Blanca Patricia Acevedo

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
<b>Urinary bladder, any disease or disorder of the urinary bladder or urethra, including any treatment or operation for or complications thereof.</b>	<b>60 months</b>

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

**Rider No. 2**

ATTACHING TO AND FORMING PART OF: ARS-04-0045010

ISSUED TO: Blanca Patricia Acevedo

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
<b>Breast(s), any disease or disorder of the breast(s), including metastases, and any operation or treatment for or complications thereof.</b>	<b>60 months</b>

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

**Rider No. 3**

ATTACHING TO AND FORMING PART OF: ARS-04-0045010

ISSUED TO: Blanca Patricia Acevedo

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
<b>Uterus, any disease or disorder of the uterus, including any operation for or complication thereof.</b>	<b>60 months</b>

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