

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: ARS-03-0019598

ISSUED TO: Evans Paul Daniel

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>Anxiety/Depression, any condition, disease, disorder, treatment of, operation, diagnostic procedure or any other conditions related to anxiety/depression, or mental nervous disorder 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, LLC.**

X

\_\_\_\_\_  
Carlos M. Robinson  
President

**Rider No. 2**

ATTACHING TO AND FORMING PART OF: ARS-03-0019598

ISSUED TO: Evans Paul Daniel

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>Hypertension, any treatment of, operation, diagnostic procedure or any other conditions related to hypertension, high blood pressure, circulatory, and any complications thereof.</b>	<b>36 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, LLC.**

X

\_\_\_\_\_  
Carlos M. Robinson  
President

**Rider No. 3**

ATTACHING TO AND FORMING PART OF: ARS-03-0019598

ISSUED TO: Evans Paul Daniel

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>Anal fissure, including any treatment or operation for or complications thereof.</b>	<b>48 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, LLC.**

X

\_\_\_\_\_  
Carlos M. Robinson  
President

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: ARS-03-0019598

ISSUED TO: Evans Alicia Wilson

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>Anxiety/Depression, any condition, disease, disorder, treatment of, operation, diagnostic procedure or any other conditions related to anxiety/depression, or mental nervous disorder and any complications thereof.</b>	<b>48 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, LLC.**

X

\_\_\_\_\_  
Carlos M. Robinson  
President

**Rider No. 1**

ATTACHING TO AND FORMING PART OF: ARS-03-0019598

ISSUED TO: Evans Ethan Jackson

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>Ear(s) any disease or disorder of the ears including any operation for the improvement of hearing and any complications thereof.</b>	<b>36 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, LLC.**

X

\_\_\_\_\_  
Carlos M. Robinson  
President