

Previous No. **NONE**

Identification No. **691802215468**

- 
- I. Name and address  
Of the Master Policyholder:** The Beacon/Axis Series Group Insurance Trust  
C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley, TV1 13P  
British West Indies
- Name of Member/Group:** **Emily Frithsen / Glens Falls Medical Mission**
- Number of Initial Participating Members:** 31
- Group/ Organization Address:** POB 627  
Glens Falls New York 12801
- Mail Forwarding Address of Members:** Same As Above
- 
- II. Effective date from:** **4/19/2024 to 4/28/2024**  
(Coverage and Benefits will terminate at 11:59 PM, EST)
- 
- III. Insurance is effective with certain** Davies Insurance Limited for and on behalf of the Azimuth  
Segregated Account and Reinsured by certain Lloyd's  
Underwriters
- Percentage** 100%
- 
- IV. Amount:** \$ 600,000.00 (or as agreed to and set forth in No. 21,  
of the Evidence of Insurance, Schedule of Benefits).
- Coverage:** **THE BEACON SERIES GROUP TRAVEL MEDICAL PLAN**
- Deductible:** \$ 500.00
- Premium:** As agreed per Exhibit B (attached)
- Initial Deposit:** N/A
- 
- V. Special conditions/Forms Attached:**  
SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; EVIDENCE OF INSURANCE (PAGES 1-28); EXHIBIT A –  
APPLICATION
- 
- VI. Agent / Agents of record:** Insurance Services of America
- 

**Dated:**  
04/12/24

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**

A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.