

Previous No. **NONE**

Identification No. **691802215441**

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- 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:** **Thea Fand Freeman / 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
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- II. Effective date from:** **4/15/2024 to 4/30/2024**  
(Coverage and Benefits will terminate at 11:59 PM, EST)
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- 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%
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- 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
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- V. Special conditions/Forms Attached:**  
SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; EVIDENCE OF INSURANCE (PAGES 1-28); EXHIBIT A – APPLICATION
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- VI. Agent / Agents of record:** Insurance Services of America
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**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.