

Previous No. **NONE**

Identification No. **691802215445**

-
- 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:** **Reilly Jacobi / 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.