



1 North Pennsylvania Street, #600
Indianapolis, IN 46204
Phone: 317-644-6291/888-201-8850
Fax: 317-423-9620-888-201-8851
service@azimuthrisk.com

MATERNITY RIDER

I (WE) HEREBY CERTIFY, REPRESENT AND WARRANT TO AZIMUTH RISK SOLUTIONS, LLC. THAT I (WE) AM (ARE) NOT CURRENTLY PREGNANT. I (WE) UNDERSTAND IF CONCEPTION OCCURED PRIOR TO THE EFFECTIVE DATE OF THE APPLICATION, PREGNANCY, DELIVERY AND ALL OTHER MATERNITY CLAIMS WOULD BE CONSIDERED PRE-EXISTING.

(NAME OF APPLICANT)

(SIGNATURE OF APPLICANT OR GUARDIAN)

(DATE OF SIGNATURE)

(NAME OF SPOUSE)

(SIGNATURE OF SPOUSE)

(DATE OF SIGNATURE)