

This Declaration Page is attached to and forms part of the Evidence of Insurance provisions:  
SLC-3 (USA) NMA2868 (24/08/00)

Previous No. **NONE**


Identification No. **691802048425**

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<b>I. Name and address Of the Master Policyholder:</b>	The Beacon/Axis Series Group Insurance Trust C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley, TV1 13P British West Indies
<b>Name of Members:</b>	<b>Alena Khamidzi</b>
<b>Members Address:</b>	2883 WEST 12 STREET APT 7G BROOKLYN NY United States 11224
<b>Mail Forwarding Address of Members:</b>	SOVETSKAYA 44 APT 66 GOMEL GOMEL REGION Belarus 246022
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<b>II. Effective date of Coverage:</b>	<b>06/12/2020 to 06/10/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
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<b>III. Insurance is effective with certain Percentage</b>	UNDERWRITERS AT LLOYD'S, LONDON  100%
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<b>IV. Amount:</b>	As set forth in Section 21, Schedule of Benefits and Limits
<b>Coverage:</b>	<b>THE BEACON SERIES TRAVEL MEDICAL PLAN</b>
<b>Deductible:</b>	\$250
<b>Maximum Limit:</b>	\$ 25,000.00
<b>Ultimate Sports Rider:</b>	No
<b>Premium:</b>	738.92
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<b>VI. Service of Suit may be made upon:</b>	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
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<b>I. Agent / Agent(s) of Record:</b>	Insubuy <sup>®</sup> , Inc.

**Dated:**  
**06/12/2020**

**AZIMUTH RISK SOLUTIONS**

**BY:**   
**Correspondent**