

Previous No. **NONE**

Identification No. **691802049143**

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 Members:	Camille ViNora Marie Smith
Members Address:	2941 West Byron Street Chicago IL United States 60618
Mail Forwarding Address of Members:	2941 W BYRON ST CHICAGO IL United States 60618-3532

II. Effective date of Coverage:	10/01/2020 to 06/15/2021 (Coverage and Benefits will terminate at 11:59 PM, EST)
--	--

III. Insurance is effective with certain Percentage	UNDERWRITERS AT LLOYD'S, LONDON 100%
--	---

IV. Amount:	As set forth in Section 21, Schedule of Benefits and Limits
Coverage:	THE BEACON SERIES TRAVEL MEDICAL PLAN
Deductible:	\$0
Maximum Limit:	\$ 60,000.00
Ultimate Sports Rider:	No
Premium:	\$ 483.75

VI. Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
--	--

I. Agent / Agent(s) of Record:	Insubuy Inc.
---------------------------------------	--------------

Dated:
07/31/2020

AZIMUTH RISK SOLUTIONS



BY:
Correspondent