

Previous No. **NONE**

Identification No. **691802052155**

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:	divy dixit
Members Address:	469 grove av Edison New Jersey 08820
Mail Forwarding Address of Members:	469 grove av Edison New Jersey United States 08820

II. Effective date of Coverage:	03/08/2021 to 03/13/2021 (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:	\$250
Maximum Limit:	\$ 60,000.00
Ultimate Sports Rider:	No
Premium:	\$ 15.60

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:	Squaremouth, Inc.
---------------------------------------	-------------------

Dated:
01/28/2021

AZIMUTH RISK SOLUTIONS



BY:
Correspondent