

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

**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: **Benjamin C Manley**

Members Address: 909 S MAIN ST
ABBEVILLE South Carolina United
States 29620

**Mail Forwarding Address of
Members:** 909 S MAIN ST
ABBEVILLE South Carolina United
States 29620

II. Effective date of Coverage: **06/09/2020 to 06/07/2021**
(Coverage and Benefits will terminate at
11:59 PM, EST)

III. Insurance is effective with certain UNDERWRITERS AT LLOYD'S,
LONDON

Percentage 100%

IV. Amount: As set forth in Section 21, Schedule of
Benefits and Limits

Coverage: **THE BEACON SERIES TRAVEL
MEDICAL PLAN**

Deductible: \$1,000.00

Maximum Limit: \$ 110,000.00

Ultimate Sports Rider: No

Premium: 605.7

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: ARS Default

Dated:
04/22/2020

AZIMUTH RISK SOLUTIONS

BY:

Correspondent

