

Previous No. **NONE**

Identification No. **691802051662**

---

<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>KAILAS A PATEL</b>
<b>Members Address:</b>	360 Farmingdale cir vernon hills IL United States 60061
<b>Mail Forwarding Address of Members:</b>	360 FARMINGDALE CIR VERNON HILLS IL United States 60061-1910

---

<b>II. Effective date of Coverage:</b>	<b>12/23/2020 to 06/22/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
----------------------------------------	--------------------------------------------------------------------------------------------

---

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

---

<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>	\$ 247.52

---

<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
----------------------------------------------	----------------------------------------------------------------------------------------------------

---

<b>I. Agent / Agent(s) of Record:</b>	INSUBUY, Inc.
---------------------------------------	---------------

---

**Dated:**  
12/23/2020

**AZIMUTH RISK SOLUTIONS**



**BY:**  
**Correspondent**