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

Previous No. <b>NONE</b>	Identification No. 691802050587
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:	Michelle Dabkowski
Members Address:	3515 Runnymeade Deive Newtown Square Pennsylvania 19073
Mail Forwarding Address of Members:	3515 Runnymeade Deive Newtown Square Pennsylvania United States 19073
Effective date of Coverage:	<b>11/03/2020</b> to <b>06/18/2021</b> (Coverage and Benefits will terminate at 11:59 PM, EST)
Insurance is effective with certain	UNDERWRITERS AT LLOYD'S, LONDON
Percentage	100%
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:	\$ 173.28
Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
Agent / Agent(s) of Record:	Squaremouth, Inc.
	Name and address Of the Master Policyholder:  Name of Members: Members Address: Mail Forwarding Address of Members:  Effective date of Coverage:  Insurance is effective with certain Percentage  Amount:  Coverage: Deductible: Maximum Limit: Ultimate Sports Rider: Premium:  Service of Suit may be made upon:

Carlo M. Rohino

Dated:

11/03/2020

Correspondent

AZIMUTH RISK SOLUTIONS