

Previous No. **NONE**

Identification No. **691802051109**

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:	Mariel Pauline Rosen
Members Address:	21-16 35th St Apt 2F Astoria NY 235 11105
Mail Forwarding Address of Members:	2116 35TH ST APT 2F ASTORIA NY 235 11105-2130

II. Effective date of Coverage:	03/01/2021 to 03/17/2021 (Coverage and Benefits will terminate at 11:59 PM, EST)
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III. Insurance is effective with certain Percentage	UNDERWRITERS AT LLOYD'S, LONDON 100%
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IV. Amount:	As set forth in Section 21, Schedule of Benefits and Limits
Coverage:	THE BEACON SERIES TRAVEL MEDICAL PLAN
Deductible:	\$250.00
Maximum Limit:	\$ 25,000.00
Ultimate Sports Rider:	No
Premium:	\$ 13.60

VI. Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714
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I. Agent / Agent(s) of Record:	Insubuy, Inc (INSUBUY, Inc.)
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Dated:
02/15/2021

AZIMUTH RISK SOLUTIONS



BY:
Correspondent