

Previous No. **NONE**

Identification No. **691802048963**

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:	JACOB KURUMARTHI ABISHEKAM
Members Address:	H.NO:1-7-130/1/1, RISALA, MUSHEERABAD HYDERABAD TS 109 500020
Mail Forwarding Address of Members:	1408 CIRCLE AVE FOREST PARK IL 235 60130-2612

II. Effective date of Coverage:	01/16/2021 to 07/14/2021 (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:	\$ 365.40

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:
01/15/2021

AZIMUTH RISK SOLUTIONS



BY:
Correspondent