

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: **Agatha D Haun**

Members Address: c/o G. T. Roe PO Box 495
Uxbridge Massachusetts United States
01569

**Mail Forwarding Address of
Members:** c/o G. T. Roe PO Box 495
Uxbridge Massachusetts United States
01569

II. Effective date of Coverage: **06/20/2020 to 06/18/2021**
(Coverage and Benefits will terminate at
11:59 PM, EST)

**III. Insurance is effective with certain
Percentage** UNDERWRITERS AT LLOYD'S,
LONDON
100%

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

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

Deductible: \$500.00

Maximum Limit: \$ 50,000.00

Ultimate Sports Rider: No

Premium: 1883.7

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: David B. Miller

Dated:
05/07/2020

AZIMUTH RISK SOLUTIONS

BY:

Correspondent

