

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

Previous No. **NONE**

Identification No. **691802046990**

**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: **Peter RAFAEL**

Members Address: 133 Roundhill Dr
Yonkers New York United States 10710

**Mail Forwarding Address of
Members:** 133 Roundhill Dr
Yonkers New York United States 10710

II. Effective date of Coverage: **03/03/2020 to 03/01/2021**
(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: \$1,000.00

Maximum Limit: \$ 550,000.00

Ultimate Sports Rider: No


Premium: 1642.37

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: ARS Default

Dated:
02/29/2020

AZIMUTH RISK SOLUTIONS

BY: 
Correspondent