

Previous No. **NONE**

Identification No. **691802051787**

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:	Pooja Dhanda
Members Address:	2 Main Street 101 Edgewater NJ United States 07020
Mail Forwarding Address of Members:	101, Ekta Iris, 14th road, Khar West Mumbai MH India 400052
II. Effective date of Coverage:	01/03/2021 to 03/07/2021 (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:	\$100
Maximum Limit:	\$ 200,000.00
Ultimate Sports Rider:	No
Premium:	\$ 156.29
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:	INSUBUY, Inc.

Dated:
01/03/2021

AZIMUTH RISK SOLUTIONS



BY:
Correspondent