

Previous No. **NONE**

Identification No. **691802050439**

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- 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:** **Horvath Kaleb Aaron (691802050439)**
Horvath Brooke Elysebeth (691802051029)
Horvath Judah James (691802051030)
- Members Address:** Gizella utca 21/b 4. Floor 4
Budapest Budapest Hungary 1143
- Mail Forwarding Address of Members:** Gizella utca 21/b 4. Floor 4
Budapest Budapest Hungary 1143
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- II. Effective date of Coverage:** **November 20, 2020 to November 18, 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 24, Schedule of Benefits and Limits
- Coverage:** **MERIDIAN ENHANCED**
- Deductible:** \$ 1,000.00
- Premium:** \$ 6,254.15
- Conditional Rate Increase:** Kaleb by 15%
- Smoking Rider Rate Increase:** N/A
- Ultimate Sports Rider:** No
- Rate:** \$ 6,254.15
- Due Dates/Amounts:** November 20, 2020 / \$ 6,254.15
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- V. Special conditions/Forms Attached:**
SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; FORM MSE-01 (PAGES 1-32); EXHIBIT A - APPLICATION; RIDERS- 1
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- 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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- VII. Agent / Agent(s) of Record:** Insurance Services of America
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Dated:
11/23/2020

AZIMUTH RISK SOLUTIONS



BY:
Correspondent