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. 691802051463

I. Name and address The Beacon/Axis Series Group Insurance Trust

Of the Master Policyholder: C/O Lutea (Anguilla) Limited

P.O. Box 1533, The Valley, TV1 13P

British West Indies

Name of Members: Wilkes Samantha Jayne (691802051463)

Wilkes Andrew Michael Derek (691802052100) Wilkes Charlotte Louise (691802052101)

Members Address: 2233 Crofton Ave

Davenport Florida United States 33837

Mail Forwarding Address of Members: 2233 Crofton Ave

Davenport Florida United States 33837

II. Effective date of Coverage: January 25, 2021 to January 23, 2022

(Coverage and Benefits will terminate at 11:59 PM, EST)

III. Insurance is effective with certain UNDERWRITERS AT LLOYD'S, LONDON

Percentage 100%

IV. Amount: As set forth in Section 24, Schedule of Benefits and Limits

Coverage: MERIDIAN ENHANCED

Deductible: \$ 1,000.00

Conditional Rate Increase: Andrew by 20%

Smoking Rider Rate Increase: N/A
Ultimate Sports Rider: No

Rate: \$ 9,547.78

Florida Surplus Lines Tax: \$ 374.33

Florida Surplus Lines Fee: \$ 4.55

Due Dates/Amounts: January 25, 2021 / \$ 1,591.30; February 24, 2021 - November

23, 2021 / \$ 795.65

\$7,577.60

V. Special conditions/Forms Attached:

Premium:

SLC-3 (USA) NMA2868 (24/08/00); DECLARATION PAGE; FORM MSE-01 (PAGES 1-32); EXHIBIT A - APPLICATION; RIDERS-0

VI. Service of Suit may be made upon: Drinker, Biddle & Reath LLP

1177 Avenue of Americas, Floor 41 New York, New York, 10036-2714

VII. Surplus Lines Agent: James Allen Hall

Surplus Lines Agent (D086040)

10 W 65th Street

Indianapolis, Indiana 46260 Phone# 317-264-0020 SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

VIII.	Agent / Agent(s) of Record:	ARS Default
	Dated:	AZIMUTH RISK SOLUTIONS
	01/25/2021	
		BY:

Correspondent