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. BG001030
I.	Name and address Of the Applicant:	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:	Vandana NA
	Primary Residence Address of Members:	11612 Orange Palm Way Tampa, Florida United States 33626
II.	Effective date from:	<b>11/15/2020</b> to <b>04/27/2021</b> (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:	OverseasCare™ Visitors Insurance™ Travel Medical Plan (A BEAON SERIES PRODUCT)
	Deductible:	\$ 100.00 per Coverage Period
	Maxmimum Limit:	\$ 60,000.00
	Rate:	\$ 1.88 per day per member
	Due Dates/Amounts:	04/27/2021 / \$ 308.32
VI.	Service of Suit may be made upon:	Drinker, Biddle & Reath LLP 1177 Avenue of the Americas, Floor 41 New York, New York 10036-2714
VII.	Agent / Agents of record:	Visitors Insurance

Dated:

November 14, 2020

AZIMUTH RISK SOLUTIONS

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Correspondent

A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.