

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**

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- 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:** **Pratibha Mehrotra**
- Primary Residence Address of Members:** 5 Rustic Court -----  
Appleton, Wisconsin United States  
54911
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- II. Effective date from:** **06/12/2020 to 06/10/2021**  
(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:** **Overseas Visitors Insurance<sup>SM</sup>  
Travel Medical Plan  
(A BEAON SERIES PRODUCT)**
- Deductible:** \$ 2,500.00 per Coverage Period
- Medical Maximum:** \$ 50,000.00
- Rate:** \$ 52,500.00 per day per member
- Policy Expiration:** 06/10/2021
- Paid Premium:** \$ 1,820.00
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- 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
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- VII. Agent / Agents of record:** VisitorsInsurance.com
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**Dated:**  
**June 11, 2020**

**AZIMUTH RISK SOLUTIONS**

BY: 

