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

Name and address The Beacon/Axis Series Group Insurance Trust

Of the Applicant: C/O Lutea (Anguilla) Limited P.O. Box 1533, The Valley,

TV1 13P

British West Indies

Name of Members: Umadevi Nitrahalli Rajagopal

Primary Residence Address of Members: 2429 Balmoral St -----

Union City, California United States 94587

II. Effective date from: 11/11/2020 to 03/11/2021

(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:** \$ 500.00 per Coverage Period

Maxmimum Limit: \$60,000.00

Rate: \$1.27 per day per member

**Due Dates/Amounts:** 03/11/2021 / \$ 153.67

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

als M. Rohmon

VII. Agent / Agents of record: Visitors Insurance

Dated: AZIMUTH RISK SOLUTIONS

November 11, 2020

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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.