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 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: Jayaraman Mandalappu Krishaswamy **Primary Residence Address of Members:** 1806 Pummelo Dr -----Redlands California United States 92374 II. Effective date from: 12/20/2020 to 06/13/2021 (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 Overseas Visitors InsuranceSM Travel Medical Plan Coverage: (A BEAON SERIES PRODUCT) **Deductible:** \$ 500.00 per Coverage Period **Medical Maximum:** \$50,000.00

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

ash M. Rohmon

\$ 6.44 per day per member

06/13/2021

\$1,131.68

VII. Agent / Agents of record: VisitorsInsurance.com

Dated: AZIMUTH RISK SOLUTIONS

December 18, 2020

Rate:

Policy Expiration:

Paid Premium:

BY:

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.