## 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:	Nancy R Mehta
	Primary Residence Address of Members:	425 1st street, Unit 2603 San Francisco California United States 94105
II.	Effective date from:	02/15/2021 to 08/12/2021 (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:	Overseas Visitors Insurance <sup>SM</sup> Travel Medical Plan (A BEAON SERIES PRODUCT)
	Deductible:	\$ 1,000.00 per Coverage Period
	Medical Maximum:	\$ 50,000.00
	Rate:	\$ 5.76 per day per member
	Policy Expiration:	08/12/2021
	Paid Premium:	\$ 1,031.04

Dated: AZIMUTH RISK SOLUTIONS

February 11, 2021

VII. Agent / Agents of record:

VI. Service of Suit may be made upon:

BY:

Correspondent

Drinker, Biddle & Reath LLP

VisitorsInsurance.com

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

als M. Rohmon

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.