The Beacon Series Application

1 Places print legibly Complete SECTIO	NC 1 7 and aign th	o annlication							
1. Please print legibly. Complete SECTIO	niso i - 7 and sign th	e application	Firet N	ame.		MI:			
Last Name: Complete MailingAddress for correspondence:			Countr	First Name: Country of Citizenship:			Start Date of Coverage (M/D/Y):		
Daytime Telephone:				Countries to be visited:			Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				Annlicant's Doc	anart	End Date of	Coverage (M/D	/Y):	
			SSN, c	y Applicant's Pas or Driver's Licens	e #:				
If you require your Fulfillment Kit to be				provide an E-ma s required for ex	ail address. tending coverage):			
mailed to you, please check here:									
2. Select Maximum Limit \$\begin{align*} \text{ \$60,000.00} & \$110,000.00 & \$550,000.00 \end{align*}				3. Select Coverage Travel To Exclude US					
\$ 1,100,000.00 \$ 2,000,000.00				☐ Travel To Include US					
(NOTE: \$50,000 Maximum Limit 70-79, \$1 4. Please list names of all persons to be (Last Name, First Name, MI)		Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A							1.3		
B C									
D									
Е							T-+-1 / ^ \	Φ.	
							Total (A)		
5. Please Select a Deductible			6. Ple	ase enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Factor		Premium Total (A) from Section 4:					
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x					
\$ 250.00	\$ 500.00	0.90		Enter Total Here: =					
\$ 1,000.00	\$ 2,500.00	0.70	Option	Optional Express Mail: US \$25 NON-US \$35 +					
					тс	OTAL AMOUNT I	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card Master Card American Express Card Discover Card				All payments must be made in U.S. dollars. Please make checks and money orders payable to Azimuth Risk Solutions. If paying by creditcard, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the totalamount due as specified on the Application. Coverage purchased by credit card is subject to validation and acceptance by the credit cardcompany. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American Expresscards, the CSC is a 4 digit number printed on the front above the account number. On all other cards, it is a 3 digit value printed on thesignature panel on the back of the card immediately following the account number, or a portion of the account number.					
Credit Card Number :				ion Date:			ty Code (CSC):		
Billing Address :			Name	as it appears on	card:	Signature:			
8. Agent/Broker Information									
Agent/Broker Name: Ashish Chhabra			Azimut	h Agent ID: 03b	c4bd2				
Company Name & Address: insurance services				14110 Larson Dr, Carmel , Indiana					
Phone: 9137475547	Fax:		Email:	geetash9@gma	il.com	Website:			
I hereby apply for membership in the certain Underwriters at Lloyd's. I underwriters at Lloyd's. I underwriters at Lloyd's. I underwriters at Lloyd's. I underwriters and unexpected event while certification Requirement and otherres online and will not be effective unless summary of benefits and that I may obe at Lloyd's, as underwriter of the plan, approved, non-admitted insurer in all sinot be made against any state guarant of the Applicant. If signed by a repre Applicant, the undersigned warrants his authority of the signer to so actand bind	erstand that the instraveling outside natraveling outside natraveling such transaction is tain a complete copis solely liable for tates of the United styfund. I understan sentative of the Aps/her capacity to so	urance applied for ny Home Country sions. I understand confirmed in writin by of the Master Pothe coverage and States except Illinor d and agree that to pplicant, the unde	is not a I unders that if I g by Azim licy upon benefits is and Ke he insural rsigned w	general healthitand this insuram eligible for luth Risk Soluti request to Azin provided under intucky where the arrantshis/her	nsurance policy ance contains an extension cons. I understa nuth Risk Solut this insurance ney are admitte er, if any, assis capacity to so	y, but is intender a Pre-existing of this insurance and that theinfor ions. I understanded. As such, claiting with this Apact. If signed a	ed for use in Condition exce, it may only mation contain that Certain that Lloyd's o ims under this oplication is a as guardian o	the event of a clusion, a Pre- be transacted hed herein is a a note that the cluster is a large to the cluster in the cluster	
SignatureX:			Date	e (M/D/Y):					

BEACON SERIES RATES

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH
Age	Daily	Daily	Daily	Daily
18-29	\$1.37	\$1.70	\$2.41	\$2.63
30-39	\$1.81	\$2.29	\$2.84	\$3.33
40-49	\$2.70	\$3.29	\$4.41	\$4.88
50-59	\$3.96	\$5.05	\$6.22	\$7.17
60-64	\$4.96	\$6.44	\$7.72	\$9.20
65-69	\$5.73	\$7.49	\$8.44	\$10.14
70-79*	\$7.94	N/A	N/A	N/A
80+**	\$13.50	N/A	N/A	N/A
Dep. Child	\$1.27	\$1.55	\$1.98	\$2.20
Child Alone	\$1.36	\$1.71	\$2.20	\$2.48

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit	\$60,000	\$110,000	\$550,000	\$1,100,000	\$2,000,000
COMPANY	AZIMUTH	AZIMUTH	AZIMUTH	AZIMUTH	AZIMUTH
Age	Daily	Daily	Daily	Daily	Daily
18-29	\$0.84	\$1.05	\$1.21	\$1.30	\$1.81
30-39	\$1.00	\$1.19	\$1.48	\$1.53	\$2.41
40-49	\$1.65	\$1.98	\$2.16	\$2.20	\$3.29
50-59	\$2.86	\$3.33	\$3.39	\$3.47	\$5.09
60-64	\$3.58	\$3.96	\$5.13	\$5.24	\$6.89
65-69	\$4.28	\$4.69	\$5.43	\$5.62	\$8.22
70-79*	\$6.34	N/A	N/A	N/A	N/A
80+**	\$11.85	N/A	N/A	N/A	N/A
Dep. Child	\$0.77	\$0.93	\$1.10	\$1.21	\$1.38
Child Alone	\$0.86	\$1.05	\$1.21	\$1.43	\$1.76

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

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