## **The Beacon Series Application**

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1. Please print legibly. Complete SECTIO	ואס ו - / and sign th	e application	Eirot	Name:		MI:			
Last Name: Complete MailingAddress for correspondence:			Cour	First Name:  Country of			Start Date of		
Daytime Telephone:				Citizenship: Countries to be visited:			Coverage (M/D/Y):  Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			en	End Date of Coverage ( M/D/Y):				/Y):	
				Primary Applicant's Passport, SSN, or Driver's License #:					
If you require your Fulfillment Kit to be				se provide an E-ma I is required for ex		):			
mailed to you, please check here:									
2. Select Maximum Limit			3. S	elect Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			☐ Travel To Exclude US					
\$ 1,100,000.00 \$ 2,000,000.	00		Г	Travel To Include US					
(NOTE: \$50,000 Maximum Limit 70-79, \$1	2,000 Maximum Lim	nit 80+)		_					
4. Please list names of all persons to be (Last Name, First Name, MI)	Insured.	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							1.0		
B C									
D									
E							Total (A)	Ф.	
							Total (A)	Φ	
5. Please Select a Deductible			6. P	ease 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 1.00	\$ 500.00	0.90		Enter Total Here: =					
\$ 1,000.00 0.80	\$ 2,500.00	0.70	Opti	Optional Express Mail: US \$25 NON-US \$35 +					
					т	OTAL AMOUNT I	DUE: \$		
7. Payment Method  Cheque/Money Order  Visa Card  Master Card  Discover Card			ord Azii card App acc effe Exp acc thes	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 :				ation Date:	of the account		ty Code (CSC):		
Billing Address :			Nam	e as it appears on	card:	Signature:			
8. Agent/Broker Information									
Agent/Broker Name: Kriste Scott Insurance	<del></del>		Azim	uth Agent ID: 046	7dafc				
Company Name & Address: Kriste Scott Insurance			123	123 Test Dr. Tuscaloosa , Alabama					
Phone:	Fax:		Emai	l: testemail@test.	com	Website:			
I hereby apply for membership in the certain Underwriters at Lloyd's. I unde sudden and unexpected event while certification Requirement and otherres online and will not be effective unless summary of benefits and that I may obtat Lloyd's, as underwriter of the plan, approved, non-admitted insurer in all st not 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 ins traveling outside no traveling outside no such transaction is tain a complete copies solely liable for tates of the United Sty fund. I understan sentative of the Aps/her capacity to so	urance applied for ny Home Country sions. I understar confirmed in writin by of the Master P the coverage and States except Illin d and agree that oplicant, the under the country the coverage the coverage the the coverage the	r is not a  . I unde d that if ng by Azi olicy upo I benefits bis and k the insur ersigned	a general healthi rstand this insur I am eligible for muth Risk Soluti n request to Azin provided under entucky where the ance agent/broke warrantshis/her	insurance policitance contains an extension cons. I understa muth Risk Solution this insurance hey are admitteer, if any, assis capacity to so	y, but is intended a Pre-existing of this insurance and that theinfortions. I understand d. 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 led herein is a n Underwriters perates as an insurancemay representative r proxy of the	
SignatureX:			Da	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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

## **BEACON INTERNATIONAL RATES- (Travel outside the US)**

<b>Maximum Limit</b>	\$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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

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