The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and	I sign the application								
Last Name:			First Name:				MI:		
Complete MailingAddress for correspondence:			Country of Citizenship:			- 10111 - 0110 0	Start Date of Coverage (M/D/Y):		
Daytime Telephone: Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			Countries to be visited:				Date of Departure(M/D/Y):		
			End Date of Coverage (M/D/Y): Primary Applicant's Passport,						
				Driver's License					
If you require your Fulfillment Kit to be				provide an E-ma	ail address. ending coverage	۸۰			
mailed to you, please check here:			Liliali is	required for ext	ending coverage				
2. Select Maximum Limit			2 Cala	ct Coverage					
			3. Sele	ŭ					
\$ 60,000.00\$ 110,000.00\$ 550,0	00.00		ΙЦ	Travel To Excl	ude US				
\$ 1,100,000.00 \$ 2,000,000.00			Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maxim	num Limit 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y		ex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A									
B C									
D									
E									
							Total (A)	\$	
5. Please Select a Deductible			6. Plea	se enter inform	nation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible	Rate Fact	Rate Factor		Premium Total (A) from Section 4:					
\$ 0.00	0.00 1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00 \$ 50	0.00 0.90					Enter Total Here: =			
\$ 1,000.00 0.80 \$ 2,5	500.00 0.70		Optional Express Mail: US \$25 NON-US \$35 +						
					тс	OTAL AMOUNT	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 the signature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :				on Date:	01 1110 40004111		ty Code (CSC):		
Billing Address :			Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information									
Agent/Broker Mame: Alfredo Prince			Azimuth	n Agent ID: 0494	47ac0				
				Urb. Los Pomelos, Calle 4, Qta. La Juliera, Municipio El Hatillo Caracas ,					
Phone: 584168274706 Fax:	Fax:			Email: sermutrans@gmail.com Website:					
I hereby apply for membership in the Beacon/ A certain Underwriters at Lloyd's. I understand that sudden and unexpected event while traveling or certification Requirement and otherrestrictions an online and will not be effective unless such transa summary of benefits and that I may obtain a comp at Lloyd's, as underwriter of the plan, is solely liapproved, non-admitted insurer in all states of the not be made against any state guaranty fund. I ur of the Applicant. If signed by a representative of Applicant, the undersigned warrants his/her capaca authority of the signer to so actand bind the Applicant.	the insurance applied utside my Home Cour d exclusions. I underst ction is confirmed in wilete copy of the Masterable forthe coverage a United States except II deerstand and agree the fithe Applicant, the unity to so act. By accept	for is and the riting by Policy and be linois at the adersignment.	not a gundershat if I aby Azimiy upon in enefits pand Kerinsuran gned wa	peneral healthi and this insur am eligible for uth Risk Solution request to Azi rovided under attucky where the ce agent/broke arrantshis/her of	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 intended a Pre-existing of this insurance and that theinfolions. I understanded. As such, clating with this A act. If signed	led for use in Condition exite, it may only rmation contain and that Certain that Lloyd's o ims under this pplication is a as guardian o	the event of a clusion, a Pre- be transacted hed herein is a n Underwriters perates as an insurancemay representative r proxy of the	
SignatureX:			Date	(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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