The Beacon Series Application

1. Please print legibly. Complete SECTIO	NS 1 - 7 and sign th	e application								
Last Name:				First Name: MI:				f		
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, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					orovide an E-ma					
mailed to you, please check here:			E	=maii is	required for ext	ending coverage):			
2. Select Maximum Limit				3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00				Travel To Excl	ude US				
\$ 1,100,000.00 \$ 2,000,000.	00			Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$1		nit 80±)		ш						
4. Please list names of all persons to be (Last Name, First Name, MI)		Date of Birth M/D/Y	Se:		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A								1.0		
В										
C D										
E E										
								Total (A)	\$	
5. Please Select a Deductible			(6. Plea	se enter inform	ation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible Rate Factor			r	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		Optional Express Mail: US \$25 NON-US \$35 +						
				TOTAL 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 thesignature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :			E	Expiration	on Date:		Card Securi	ty Code (CSC):		
Billing Address :			١	Name a	s it appears on (card:	Signature:			
8. Agent/Broker Information							·			
Agent/Broker Name: Craig Robinson				Azimuth Agent ID: 052a7fe0						
Company Name & Address: C.A. Robinson Interest, Inc.				1840 Deer Creek Road,#201 Monument , Colorado						
Phone: 800-576-2674	Fax: 832-201-7553			Email: orders@globalhealthinsurance.com Website: http://www.globalhealthinsurance.com/						
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 stands 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 understand sentative of the Aps/her capacity to so	urance applied for ny Home Countre sions. I understant confirmed in writt by of the Master Fathe coverage and States except Illir d and agree that opplicant, the und	or is reflection is reflected by the contract of the contract	not a g inderst at if I a Azimu upon ruefits pind Ken nsurana ned wa	eneral healthin and this insurum eligible for uth Risk Solution equest to Azim rovided under trucky where the 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 exitee, it may only rmation contain that Certain that Lloyd's o ims under this pplication is a as guardian o	the event of a clusion, a Pre- be transacted ned herein is a n Underwriters perates as an insurancemay representative in 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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