## The Beacon Series Application

1. Please print legibly. Complete SECTIONS	1 - 7 and sign th	ne application								
			First Name:				MI: Start Date of			
			Country of Citizenship:				Coverage (M/D/Y):			
Daytime Telephone:			Countries to be visited:				Date of Departure(M/D/Y):			
<b>Note:</b> The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			End Date of Coverage ( M/D/Y): Primary Applicant's Passport,							
If you require your Fulfillment Kit to be			,	Driver's License provide an E-ma						
mailed to you, please check here:				Please provide an E-mail address. Email is required for extending coverage:						
2. Select Maximum Limit				3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			_	Travel To Exclu	ude US				
\$ 1,100,000.00 \$ 2,000,000.00					Travel To Inclu	de US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,0	00 Maximum Lin	nit 80+)								
4. Please list names of all persons to be Ins (Last Name, First Name, MI)	ured.	Date of Birth M/D/Y	Se M		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Ente 1.3	Premium r Total	
AB										
С										
D										
E								Total	(A) \$	
5. Please Select a Deductible				C Diss			Nama A and E		· · / [ ·	
	ductible	Data Fasta		o. Piea		ation from Sec		n 4.		
Deductible Rate Factor De	ductible	Rate Facto	or			Premium rota	(A) from Section	JII 4:		
\$ 0.00 1.25	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: =						
<b>\$ 1,000.00</b> 0.80	\$ 2,500.00	0.70		Optiona	al Express Mail	: 🗌 US \$25	NON-US	\$35 +		
						тс	OTAL AMOUNT	DUE: \$		
7. Payment Method  Cheque/Money Order  Visa 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 :				Expiration Date:			1	Card Security Code (CSC):		
Billing Address :				Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information										
Agent/Broker Name: Alla Kushnir				Azimuth	Agent ID: 0a75	5e3df				
Company Name & Address: insurance services			8422 Dynasty Drive, Boca Raton , Florida							
Phone: 9176260921 Fa	X:			Email: a	allakushnir12@g	ımail.com	Website:			
I hereby apply for membership in the Be certain Underwriters at Lloyd's. I underst sudden and unexpected event while trat certification Requirement and otherrestric online and will not be effective unless suc summary of benefits and that I may obtain at Lloyd's, as underwriter of the plan, is approved, non-admitted insurer in all state not be made against any state guaranty fi of the Applicant. If signed by a represer Applicant, the undersigned warrants his/h authority of the signer to so actand bind th	and that the ins veling outside r tions and exclu- h transaction is a complete cop solely liable for so of the United und. I understar tative of the A er capacity to sc	surance applied ny Home Count sions. I understa confirmed in wri by of the Master the coverage ar States except Illi ad and agree tha pplicant, the und	for is try. I is and th iting by Policy nd bein inois a at the dersig	not a g understa at if I a y Azimu upon r nefits p and Ken insuran ned wa	eneral healthir and this insura m eligible for equest to Azim rovided under tucky where th ce agent/broke rrantshis/her of	nsurance polic ance contains an extension cons. I understa buth Risk Solut this insurance ley are admitte er, if any, assis capacity to so	y, but is intend a Pre-existing of this insuranc nd that theinfor ions. I understand d. As such, cla ting with this A act. If signed	led for use Condition e, it may or mation con and that Cer that Lloyd's ims under th pplication is as guardiar	in the event of a exclusion, a Pre- ly be transacted ained herein is a tain Underwriters operates as an is insurancemay a representative or proxy of the	

SignatureX:

Date (M/D/Y):

3

## **BEACON SERIES RATES**

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

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

\*\$50,000 Maximum Limit \*\*\$12,000 Maximum Limit

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

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH	\$2,000,000 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

AZIMUTH RISK SOLUTIONS 8520 Allison Pointe Blvd., Suite #220 Indianapolis, Indiana 46250 Phone: 1-317-644-6291 / 1-888-201-8850 Fax: 1-317-423-9620 / 1-888-201-8851 Email: <u>sevice@azimuthrisk.com</u> Website: <u>www.azimuthrisk.com</u>

Rates are shown in US dollars and are Effective 10/03/2022. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.