The Beacon Series Application

1. Please print legibly. Complete SECTIO	NS 1 - 7 and sign th	e application								
Last Name:				First Name: MI:						
Complete MailingAddress for correspondence:				Country of			Start Date of	Start Date of		
· · · · · · · · · · · · · · · · · · ·				Citizenship:				Coverage (M/D/Y):		
Daytime Telephone:				-				Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			_	End Date of Coverage (M/D/Y):						
on this Application, if not otherwise indicated.				Primary Applicant's Passport, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					rovide an E-ma					
			E	Email is required for extending coverage:						
mailed to you, please check here:										
2. Select Maximum Limit				3. Selec	t Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550.000.00			Π.	Fravel To Excl	udo IIC				
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			ш	iravei io Exci	ude 05				
\$ 1,100,000.00 \$ 2,000,000.0	00				Fravel To Inclu	ıde US				
(NOTE: \$50,000 Maximum Limit 70-79, \$1	2,000 Maximum Lim	nit 80+)								
	,							Optional		
4. Please list names of all persons to be I	Insured.	Date of Birth	Se		Daily	Number of	Premium	Sports	Premium	
(Last Name, First Name, MI)		M/D/Y	M/I	F	Rate	Days	Sub Total	Rider Enter 1.3	Total	
A										
В										
С										
D										
E								Total (A)	¢.	
								Total (A)	Φ	
5. Please Select a Deductible				6. Pleas	e enter inform	nation from Sect	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Fact	tor	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 +						
				•		тс	TAL AMOUNT	DUE: \$		
				A II			delless Dies			
7. Payment Method						e made in U.S zimuth Risk So				
- ayment method				orders payable to Azimuth Risk Solutions. If paying by creditcard, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express						
Cheque/Money Order				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						
Visa Card Master Card				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						
American Express Card	☐ Disc	cover Card		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 :				Expiration		of the account		ity Code (CSC):		
Billing Address :			1	Name as	it appears on	card:	Signature:			
					1,6-3,6-4,1					
8. Agent/Broker Information										
Agent/Broker Name: Lin Sheng				Azimuth Agent ID: 0db720d8						
Company Name & Address: insurance services				5456 Gemgold Ct., Windermere , Florida						
Phone: 4078687706	Fax:		E	Email: s	henglin0208@	gmail.com	Website:			
I hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Member(s) by certain Underwriters at Lloyd's. I understand that the insurance applied for is not a general healthinsurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-certification Requirement and otherrestrictions and exclusions. I understand that if I am eligible for an extension of this insurance, it may only be transacted online and will not be effective unless such transaction is confirmed in writing by Azimuth Risk Solutions. I understand that theinformation contained herein is a summary of benefits and that I may obtain a complete copy of the Master Policy upon request to Azimuth Risk Solutions. I understand that Certain Underwriters at Lloyd's, as underwriter of the plan, is solely liable forthe coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurancemay not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrantshis/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so actand bind the Applicant.										
SignatureX:			ı	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

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: sevice@azimuthrisk.com Website: www.azimuthrisk.com