The Beacon Series Application

Please print legibly. Complete SECTION	ONS 1 - 7 and sign th	e application							
Last Name:		.,	First N	First Name: MI:					
Complete MailingAddress for correspondence:				Country of			Start Date of		
			Citizen	Citizenship:			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):)/Y):	
				Primary Applicant's Passport, SSN, or Driver's License #:					
If you require your Fulfillment Kit to be				provide an E-ma					
you require your r amminent rite to be					tending coverage	e:			
mailed to you, please check here:									
2. Select Maximum Limit			2 Col	ect Coverage					
Z. Select Waxillium Limit	_		3. 361	ect Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			Travel To Exc	lude US				
\$ 1,100,000.00 \$ 2,000,000				Travel To Include US					
(NOTE: \$50,000 Maximum Limit 70-79, \$	12,000 Maximum Lin	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	Premium Total	
(,,				1			1.3		
A									
В									
C									
D E									
							Total (A)	\$	
								•	
5. Please Select a Deductible			6. Ple	ase enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Facto	r	Premium Total (A) from Section 4:					
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5:					
\$ 250.00	\$ 500.00	0.90		Enter Total Here:					
\$ 1,000.00	\$ 2,500.00	0.70	Option	Optional Express Mail: US \$25 NON-US \$35 +					
					т	OTAL AMOUNT	DUE: \$		
					oe made in U.S				
7. Payment Method			Order	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 ca	ard account for	r the totalamou	unt due as spe	ecified on the	
Oneque/Money Order			Appli	cation. Covera	ge purchased laredit cardcomp	by credit card	is subject to v	alidation and	
Visa Card	☐ Ma:	ster Card	effect	ive if the cred	lit card compar	nv denies the	ind inal covera charge. Note:	On American	
			Expre	sscards, the (CSC is a 4 dig	git number prin	ited on the fro	nt above the	
American Express Card	Discover 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 :				ion Date:	. 55 40004111		ty Code (CSC):		
Billing Address :			Name	as it appears on	card:	Signature:			
8. Agent/Broker Information									
Agent/Broker Name: Elberto J. Vaughan			Azimut	h Agent ID: 0f0f	ff1e1				
Company Name & Address: InsureCare Int'l, Inc				12159 SW 132 Ct. #101 Miami , Florida					
Phone: 305-454-6319	05-454-6319 Fax: 305-553-3655			Email: insurecare.intl@hotmail.com, antillanop@hotmail.com					
I hereby apply for membership in the certain Underwriters at Lloyd's. I underwriters at Lloyd's. I underwriters at Lloyd's. I underwriters at Lloyd's. I underwriters and unexpected event while certification Requirement and otherres online and will not be effective unless summary of benefits and that I may obtain a Lloyd's, as underwriter of the plan approved, non-admitted insurer in all sont be made against any state guaran of the Applicant. If signed by a representation of the undersigned warrants his authority of the signer to so actand bin	erstand that the instraveling outside restrictions and exclusuch transaction is otain a complete cop, is solely liable for tates of the United thy fund. I understar esentative of the Alis/her capacity to so	urance applied f ny Home Count sions. I understa confirmed in writ by of the Master I the coverage ar States except Illi and agree tha oplicant, the unc	for is not a ry. I unders and that if I ting by Azim Policy upon do benefits I nois and Ke t the insurar dersigned w	general healthitand this insuram eligible for uth Risk Soluti request to Azir orrovided under ntucky where tince agent/brokarrantshis/her	insurance polic rance contains an extension cons. I understand the Risk Solution of this insurance hey are admitted er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurance and that theinfolions. I understated. As such, clating with this A act. If signed	led for use in Condition exite, it may only reation contained that Certained that Lloyd's oillims 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 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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