## **The Beacon Series Application**

Please print legibly. Complete SECTION     Last Name: Medor	ONS 1 - 7 and sign t	he application	Eirct	Namo: Mario Euro	dv	MI:			
Complete MailingAddress for correspondence: Pobox 15151 Petion-Ville, Ouest				Name: Marie Evro		Start Date of			
Postal Code: 6140 Haiti				enship: Haiti	Coverage (N 07/27/2024	Coverage (M/D/Y): 07/27/2024			
Daytime Telephone: 50937419009				ntries to be visited: anada 3	Date of Depa 07/27/2024	Date of Departure(M/D/Y): 07/27/2024			
<b>Note:</b> The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				2 4			End Date of Coverage ( M/D/Y): 08/04/2024		
				ary Applicant's Pas		,			
If you require your Fulfillment Kit to be				Please provide an E-mail address. Email is required for extending coverage: globalfollowupmail@gmail.com					
mailed to you, please check here:			Lilia	ii is required for ext	ending coverage	. globallollowupi	man@gman.cor	11	
2. Select Maximum Limit				3. Select Coverage					
√ \$ 60,000.00				√ Travel To Exclude US					
\$ 2,000,000.00				Travel To Include US					
(NOTE: \$ 50,000 Maximum Limit 70-79,	\$ 12,000 Maximum L	imit 80+)							
4. Please list names of all persons to be (Last Name, First Name, MI)	e Insured.	Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
Medor Marie Evrody		01/03/1979 Fe	male	1.65 x	9 =	14.85 x	1.00 = Total (A)		
5. Please Select a Deductible	6. P	6. Please enter information from Sections 4 and 5							
Deductible Rate Factor	Deductible	Rate Factor		Premium Total (A) from Section 4: 14.85					
\$ 0.00	<b>√</b> \$ 100.00	1.10		Deductible Rate Factor from Section 5: x 1.1					
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: = 16.34					
\$ 1,000.00 0.80 \$ 2,500.00 0.70			Ор	Optional Express Mail: US \$25 NON-US \$35					
					тс	TAL AMOUNT I	DUE:	\$ 16.34	
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:				Expiration Date: Card Security Code (CSC):					
Billing Address: Pobox 15151, Petion-Ville, Ouest, Haiti, 6140				e as it appears on o	card:	Signature:	Signature:		
8. Agent/Broker Information									
				Azimuth Agent ID: azimuth					
Company Name & Address: Azimuth Risk Solutions				8520 Allison Pointe Blvd., Suite 220 Indianapolis , Indiana					
Phone: 888-201-8850 Fax: 888-201-8851 or 317-423-9620				il: service@azimutl		Website:			
I hereby apply for membership in the certain Underwriters at Lloyd's. I und sudden and unexpected event while certification Requirement and otherre online and will not be effective unless summary of benefits and that I may of at Lloyd's, as underwriter of the plan approved, non-admitted insurer in all snot be made against any state guarar of the Applicant. If signed by a repr Applicant, the undersigned warrants hauthority of the signer to so actand bir	erstand that the instraveling outside is strictions and exclusuch transaction is otain a complete coat, is solely liable fostates of the United thy fund. I understance sentative of the Asis/her capacity to si	surance applied formy Home Country sisions. I understar confirmed in writin py of the Master Prthe coverage and States except Illin and and agree that applicant, the understands in the understands and apree that applicant, the understands is sometimes and and agree that applicant, the understands is sometimes and and agree that applicant, the understands is sometimes and and agree that applicant, the understands is sometimes and and agree that applicant, the understands is sometimes and the same applicant and the same applicant ap	or is not a y. I under and that if ang by Azi olicy upo d benefits ois and ke the insurer ersigned	a general healthir prestand this insur: I am eligible for imuth Risk Solution request to Azim s provided under kentucky where the rance agent/broke warrantshis/her c	nsurance policy ance contains an extension cons. I understa buth Risk Solut this insurance ey are admitte or, if any, assis capacity to so	y, but is intender a Pre-existing of this insurance and that theinfornions. I understand d. As such, claiting with this Apact. If signed a	ed for use in Condition ex a, it may only mation contain nd that Certain that Lloyd's coms under this oplication is a as guardian co	the event of a clusion, a Pre- be transacted ned herein is a n Underwriters operates as an insurancemay representative or proxy of the	
SignatureX:			Da	te (M/D/Y):					