The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application										
Last Name: shukla Complete Mailing Address for correspondence: address line 1 address line 2				First Name: deepak Country of				MI: Start Date of		
Ahmedabad,null, Gujarat Postal Code: 323232 India				Citizenship: United States			Coverage (N 12/20/2023	Coverage (M/D/Y):		
Daytime Telephone: 132546978				Countries to be visited: 1. Afghanistan 3				Date of Departure(M/D/Y): 12/24/2023		
Note: 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):		
				Primary Applicant's Passport,						
If you require your Fulfillment Kit to be				SSN, or Driver's License #: adb123 Please provide an E-mail address.						
mailed to you, please check here:				Email is required for extending coverage: deepak.shukla@radixweb.com						
2. Select Maximum Limit					3. Select Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00 \$ 1,100,000.00				Travel To Exclude US						
\$ 2,000,000.00					Travel To Include US					
(NOTE: \$ 50,000 Maximum Limit 70-79, \$ 12,000 Maximum Limit 80+)										
4. Please list names of all persons to be Insure (Last Name, First Name, MI)	Date of Birth M/D/Y		ex VF	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter	Premium Total		
					ļ			1.3		
Shukla deepak	08/06/2001	2001 Male		1.30 x	8 =	10.40 x	1.00 = Total (A)			
								i otai (/t)	φ 10.40	
5. Please Select a Deductible					6. Please enter information from Sections 4 and 5					
	4.25		Rate Factor				. ,) from Section 4: 10.40		
			1.10		Dedu	ICTIDIE RATE FAC		from Section 5: x 1.25		
		0.90					Enter Total Here: = 13.00			
\$ 1,000.00 0.80 \$ 2,500.00 0.70			Optional Express Mail: US \$25 NON-US \$35 +							
TOTAL AMOUNT DUE: \$13.									\$ 13.00	
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 credit card, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the total amount due as specified on the Application. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American Express cards, 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 the signature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number : XXXXXXXXXXX1111								Card Security Code (CSC): XXX		
Billing Address : address line 1, address line 2, ahmedabad, Gujarat, India, 323232			Name as it appears on card: test			Signature:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: ARS Default					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			Email: service@azimuthrisk.com W			Website:	Nebsite:			
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 health insurance 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 other restrictions 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 the information 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 Undervriters at Lloyd's, as underwriter of the plan, is solely liable for the 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 insurance may 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 provey 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 act and bind the Applicant.										
Signature X:				Date (M/D/Y):						
						THE E	BEACON SE		3	