The Beacon Series Application

1. Please print legibly. Complete SECTIONS	1 - 7 and sign th	ne application								
Last Name:			F	First Name: MI:						
Complete MailingAddress for correspondence:							Start Date of			
Doutime Telephone:				Citizenship:				Coverage (M/D/Y):		
Daytime Telephone: Note: The primary incured will be Reneficiary for spause & dependent children				Countries to be visited: Date of Departure(M/D/Y) End Date of Coverage (M				/V)·		
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): Primary Applicant's Passport,						
					river's Licens					
If you require your Fulfillment Kit to be mailed to you, please check here:				Please provide an E-mail address. Email is required for extending coverage:						
mailed to you, please check here.										
2. Select Maximum Limit			3	3. Select	Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			т	ravel To Excl	lude US				
\$ 1,100,000.00 \$ 2,000,000.00				ш'	ravel To Incli	ude US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,0	00 Maximum Lin	nit 80+)								
4. Please list names of all persons to be Inst (Last Name, First Name, MI)	ured.	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	
A										
В										
C D										
E										
								Total (A)	\$	
5. Please Select a Deductible			6	6. Please	e enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor De	ductible	Rate Fac	tor			Premium Total	(A) from Section	on 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 0.80	\$ 2,500,00	0.70	O	Optional Express Mail: US \$25 NON-US \$35 +						
				- p (1-0-1-0)			OTAL AMOUNT	7		
				All may	a a mata manuat h		dellara Diagr			
7. Payment Method				orders i	payable to A	oe made in U.S zimuth Risk So	lutions. If pavir	na by creditcar	d. I authorize	
7. Payment Method			1	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						
Cheque/Money Order			/							
☐ Visa Card ☐ Master Card			3	acceptance by the credit cardcompany. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American						
visa oard	IVIA	Stor Odra	1	Expresscards, the CSC is a 4 digit number printed on the front above the						
American Express Card	Dis	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 :				Expiration		of the account		ity Code (CSC):		
Billing Address :			N	Name as	it appears on	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: Jared Briggs			A	Azimuth A	Agent ID: 210	3477f				
				901 Main St. Evanston , Wyoming						
Phone: 435 557 3170 Fa	x:		E	Email: Ja	red@mylifefir	nancial.io	Website:			
I hereby apply for membership in the Becertain Underwriters at Lloyd's. I underst sudden and unexpected event while tracertification 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 fund the Applicant. If signed by a represent Applicant, the undersigned warrants his/heauthority of the signer to so actand bind the	and that the ins veling outside r veling sand exclu h transaction is a complete cop solely liable for is of the United und. I understar tative of the A er capacity to so	surance applied my Home Coursions. I unders confirmed in we by of the Maste the coverage a States except I and and agree the pplicant, the un	If for is no notice. I ur stand that the pritting by and beneat the innersigned and the innersigned.	not a ge nderstar at if I am Azimuth upon re- efits pro- nd Kentunsurance led warr	neral healthind this insural eligible for a Risk Solution of the solution of t	insurance polici- rance contains an extension cons. I understa muth Risk Solut this insurance hey are admitte er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurance and that theinfolions. I understanded. As such, clating with this A act. If signed	ded for use in the condition except it may only reation contained and that Certained that Lloyd's optimis under this upplication is a las guardian of	the event of a clusion, a Pre- be transacted led herein is a n Underwriters oerates as an insurancemay representative proxy of the	
SignatureX:			С	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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