## **The Beacon Series Application**

1. Please print legibly. Complete SECTIONS 1 - 7 and si	gn the application								
			First Name: MI:						
Complete MailingAddress for correspondence:			Country of			Start Date of			
D.C. T.L.			Citizenship:			Coverage (M/D/Y):			
Daytime Telephone:  Note: The primary insured will be Beneficiary for spouse & dependent children			Countries to be visited:  Date of Departure(M/D/Y):  End Date of Coverage (M/D/Y):			1/V).			
on this Application, if not otherwise indicated.			End Date of Coverage ( M/D/Y): Primary Applicant's Passport,						
			SSN, or Driver's License #:						
If you require your Fulfillment Kit to be			Please provide an E-mail address.						
mailed to you, please check here:		Liliali	Email is required for extending coverage:						
7 71									
2. Select Maximum Limit		3. Se	lect Coverage						
\$ 60,000.00 \$ 110,000.00 \$ 550,000.	00		Travel To Exc	lude US					
		_	- 1						
\$ 1,100,000.00\$ 2,000,000.00		L	Travel To Incl	ude US					
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum	m Limit 80+)		_						
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	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. Pl	ease enter inforr	mation from Sec	tions 4 and 5				
Deductible Rate Factor Deductible	Rate Fac	tor	Premium Total (A) from Section 4:						
\$ 0.00 1.25 \$ 100.0	0 1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00 \$ 500.0	0.90		Enter Total Here:						
\$ 1,000.00 0.80 \$ 2,500	0.70	Optio	Optional Express Mail: US \$25 NON-US \$35 +						
				тс	OTAL AMOUNT	DUE: \$			
7. Payment Method		orde Azin	rs payable to A outh Risk Solution	be made in U.S zimuth Risk So ons to debit my ard account for	lutions. If payi Visa card. Ma	ng by creditcar	d, I authorize		
Cheque/Money Order		App	ication. Covera	ge purchased I	by credit card	is subject to v	alidation and		
Visa Card	Master Card			acceptance by the credit cardcompany. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American					
	Master Gara	Expi	esscards, the	CSC is a 4 dig	jit number prir	nted on the fro	nt above the		
American Express Card	Discover Card	thes	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 :			ation Date:			ity Code (CSC):			
Billing Address :		Name	as it appears on	card:	Signature:				
8. Agent/Broker Information									
_			Azimuth Agent ID: 24b4d80a						
Company Name & Address: Santos Insurance Agency	1094	1094 Cudahy Pl.,Ste 214 San Diego , California							
Phone: 858-412-0222 Fax: 619-566-	Fax: 619-566-3913			Email:			Website:		
I hereby apply for membership in the Beacon/ Axis certain Underwriters at Lloyd's. I understand that the sudden and unexpected event while traveling outsicertification Requirement and otherrestrictions and conline and will not be effective unless such transactic summary of benefits and that I may obtain a complete at Lloyd's, as underwriter of the plan, is solely liable approved, non-admitted insurer in all states of the Unnot be made against any state guaranty fund. I under of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity authority of the signer to so actand bind the Applicant.	e insurance applied ide my Home Cour exclusions. I unders on is confirmed in we copy of the Mastel e forthe coverage a lited States except Il restand and agree the Applicant, the ur to so act. By accept	I for is not a ntry. I under tand that if I riting by Azir r Policy upor and benefits allinois and K lat the insurandersigned was a solution.	general health stand this insu am eligible for nuth Risk Solutin request to Azir provided under entucky where tunce agent/brok varrantshis/her	insurance polic rance contains ran extension cions. I understa muth Risk Solutr this insurance they are admitted they are admitted to so capacity to so	y, but is intended a Pre-existing of this insurant on that theinfor ions. I understanded. As such, clating with this A act. If signed	ded for use in a condition exce, it may only rmation contain and that Certain I that Lloyd's oaims under this application is a as guardian o	the event of a clusion, a Pre- be transacted herein is a n Underwriters perates as an insurancemay representative r proxy of the		
SignatureX:		Dat	e (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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

## **BEACON INTERNATIONAL RATES- (Travel outside the US)**

<b>Maximum Limit</b>	\$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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

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