The Beacon Series Application

1 Places print legibly Complete SECTIO	ONC 1 7 and sign th	o annlication							
1. Please print legibly. Complete SECTION Last Name:	JNO 1 - 7 and sign tr	е аррисацоп	Firet N	lame.		MI:			
Last Name: Complete MailingAddress for correspondence:			Count	First Name: Country of Citizenship:			Start Date of		
Daytime Telephone:				Countries to be visited:			Coverage (M/D/Y): Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				ay Applicant's Res	anart	End Date of	Coverage (M/D)/Y):	
			SSN,	ry Applicant's Pas or Driver's Licens	e #:				
If you require your Fulfillment Kit to be				e provide an E-ma is required for ex):			
mailed to you, please check here:									
2. Select Maximum Limit \$\infty\$ \\$ 60,000.00 \$\infty\$ \\$ 110,000.00 \$\infty\$ \\$ 550,000.00				3. Select Coverage Travel To Exclude US					
\$ 1,100,000.00 \$ 2,000,000.00				Travel To Include US					
(NOTE: \$50,000 Maximum Limit 70-79, \$ 4. Please list names of all persons to be (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							1.0		
B C									
D									
Е							T-+-1 / ^ \	Φ.	
							Total (A)		
5. Please Select a Deductible			6. Ple	ase enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Factor		Premium Total (A) from Section 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	\$ 2,500.00	0.70	Optio	Optional Express Mail: US \$25 NON-US \$35 +					
					TC	OTAL AMOUNT I	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card Master Card American Express Card Discover Card			orde Azim card, Appli acce effec Expr acco thesi	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:				tion Date:			ty Code (CSC):		
Billing Address :			Name	as it appears on	card:	Signature:			
8. Agent/Broker Information									
			Azimu	Azimuth Agent ID: 2af1e391					
Company Name & Address: Azimuth Risk Solutions				8520 Allison Pointe Blvd.,Suite 220 Indianapolis , Indiana					
Phone: 3176446291	Fax:		Email:	robwil@gmail.co	om	Website:			
I hereby apply for membership in the certain Underwriters at Lloyd's. I und sudden and unexpected event while certification Requirement and otherrestonline and will not be effective unless summary of benefits and that I may obtat 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 repre Applicant, the undersigned warrants hauthority of the signer to so actand bin	erstand that the instraveling outside r strictions and exclusuch transaction is otain a complete cop, is solely liable for states of the United thy fund. I understar esentative of the A is/her capacity to so	urance applied for my Home Country sions. I understan confirmed in writing of the Master Pothe coverage and States except Illing and agree that pplicant, the understand the confirmed in the understand in the un	r is not a r. I unders d that if I ng by Azin blicy upon benefits bis and Kethe insura	general healthistand this insuram eligible for nuth Risk Soluti request to Azir provided under entucky where the three agent/brokyarrantshis/her	insurance policy 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 intender a Pre-existing of this insurance and that theinfor ions. I understanded. As such, claiting with this Apact. If signed a	ed for use in Condition exce, it may only mation contain that Certain that Lloyd's o ims under this oplication is a as guardian o	the event of a clusion, a Pre- be transacted hed herein is a a not the control of the cluster of	
SignatureX:			Date	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

^{*\$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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