The Beacon Series Application

1 Bloom print logibly Complete SECTIO	NC 1 7 and aign th	o application							
1. Please print legibly. Complete SECTIO	i - / and sign th	е аррисацоп	Firet M	ame.		MI:			
Last Name: Complete MailingAddress for correspondence:			Countr	First Name: Country of Citizenship:			Start Date of Coverage (M/D/Y):		
Daytime Telephone:				Countries to be visited:			Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				y Applicant's Pac	coort	End Date of	Coverage (M/D)/Y):	
			SSN, d	Primary Applicant's Passport, SSN, or Driver's License #:					
If you require your Fulfillment Kit to be				provide an E-ma s required for ex		e:			
mailed to you, please check here:									
2. Select Maximum Limit \$ 60,000.00 \$ \$110,000.00 \$ \$550,000.00				3. Select Coverage Travel To Exclude US					
(NOTE: \$50,000 Maximum Limit 70-79, \$1		nit 80+)	L	Travel To Incli	ude US				
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									
B C									
D									
E							Total (A)	\$	
5. Please Select a Deductible			6. Ple	ase enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor				6. Please enter information from Sections 4 and 5 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 +					
					тс	OTAL AMOUNT D	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card Master Card American Express Card Discover Card			order Azim card, Appli acce effec Expre 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:			y Code (CSC):		
Billing Address :			Name	as it appears on	card:	Signature:			
8. Agent/Broker Information									
_			Azimu	Azimuth Agent ID: 2c746835					
Company Name & Address: David M. Hankin Insurance				14309 SW 96th St. Miami , Florida					
Phone: 305-282-9496	Fax: 305-232-2742			Email: david@dmhankin.com Website: http://www.dmhankin.com/					
I hereby apply for membership in the certain Underwriters at Lloyd's. I unde sudden and unexpected event while certification Requirement and otherres online and will not be effective unless summary of benefits and that I may obt at Lloyd's, as underwriter of the plan, approved, non-admitted insurer in all st not be made against any state guarant of the Applicant. If signed by a repre Applicant, the undersigned warrants his authority of the signer to so actand bind	rstand that the ins traveling outside n trictions and exclusions such transaction is tain a complete cop is solely liable for tates of the United typ fund. I understant sentative of the Aps/her capacity to so.	urance applied for ny Home Country sions. I understan confirmed in writin by of the Master Pothe coverage and States except Illinor d and agree that oplicant, the unde	is not a I unders that if I g by Azim licy upon benefits is and Ke he insura	general healthistand this insuram eligible for nuth Risk Soluti request to Azin provided under ntucky where the agent/brokearrantshis/her	nsurance policy ance contains an extension cons. I understa nuth Risk Solut this insurance ney are admitte er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurance and that theinfornions. I understanded. As such, claiting with this Apact. If signed a	ed for use in a Condition except, it may only mation contain that Certain that Lloyd's owns under this oplication is a guardian o	the event of a clusion, a Pre- be transacted herein is a clusion is a perates as an insurancemay representative r proxy of the	
SignatureX:			Date	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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