The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application									
Last Name: Complete MailingAddress for correspondence:			First Name: Country of			MI: Start Date o	MI: Start Date of		
			Citizenship:			Coverage (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):				/Y)·		
on this Application, if not otherwise indicated.			Primary Applicant's Passport,						
If you require your Fulfillment Kit to be			,	Driver's License provide an E-ma					
			Email is required for extending coverage:						
mailed to you, please check here:									
2. Select Maximum Limit			3. Select Coverage						
\$ 60,000.00 \$ \$ 110,000.00 \$ \$ 550,000.00			Travel To Exclude US						
\$ 1,100,000.00 \$ 2,000,000.00				Travel To Inclu	de US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum Lin	nit 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y		ex I/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				na antar inform	ation from Cool	tions 4 and 5		•	
	Data Fac		6. Please enter information from Sections 4 and 5						
Deductible Rate Factor Deductible	Rate Fac	lor	Premium Total (A) from Section 4:			011 4:			
\$ 0.00 1.25 \$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00 \$ 500.00	0.90		Enter Total Here: =						
\$ 1,000.00 0.80 \$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
					тс	TAL AMOUNT	DUE: \$		
							se make check		
7. Payment Method				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					
Cheque/Money Order			Applic	ation. Coverac	e purchased b	by credit card	is subject to v	alidation and	
Visa Card Master Card			accept	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								nt above the	
American Express Card Discover Card Discover Card account number. On all other cards, it is a 3 digit value printed or the signature panel on the back of the card immediately following the account									
Credit Card Number :			number, or a portion of the account number. Expiration Date: Card Sect				urity Code (CSC):		
Billing Address :			Name as it appears on card:			Signature	Signature:		
Dining Address .			Ivane as it appears on card. Signature.						
8. Agent/Broker Information									
Agent/Broker Name: Augustus Marcano			Azimuth Agent ID: 34463505						
Company Name & Address: Trinidad & Tobago Insurance Consultants, Ltd.			P.O. Box 683 ,#32 Stone Street Port of Spain , Trinidad						
Phone: 868-762-9888 Fax: 868-623-1909	09 X.109		Email: gus_marcano@hotmail.com Website:						
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 healthinsurance 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 otherrestrictions 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 theinformation 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 Underwriters at Lloyd's, as underwriter of the plan, is solely liable forthe 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 insurancemay 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 representative of the Applicant, the undersigned warrantshis/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 actand bind the Applicant.									

SignatureX:

Date (M/D/Y):

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BEACON SERIES RATES

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

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

*\$50,000 Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH	\$2,000,000 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

AZIMUTH RISK SOLUTIONS 8520 Allison Pointe Blvd., Suite #220 Indianapolis, Indiana 46250 Phone: 1-317-644-6291 / 1-888-201-8850 Fax: 1-317-423-9620 / 1-888-201-8851 Email: <u>sevice@azimuthrisk.com</u> Website: <u>www.azimuthrisk.com</u>

Rates are shown in US dollars and are Effective 10/03/2022. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.