The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign	he application								
Last Name:			First Na			MI:	-		
			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			End Date of Departure((M/D/T)):						
on this Application, if not otherwise indicated.			Primary Applicant's Passport, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be			Please provide an E-mail address. Email is required for extending coverage:						
mailed to you, please check here:			Linains			-			
2. Select Maximum Limit			3. Sele	ct Coverage					
\$ 60,000.00 \$ \$110,000.00 \$ \$550,000.00				Travel To Excl	ude US				
\$ 1,100,000.00 \$ 2,000,000.00				Travel To Inclu	de US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum Li	mit 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									
В									
C D									
E									
							Total (A))\$	
5. Please Select a Deductible			6. Plea	se enter inform	ation from Sec	tions 4 and 5		1	
Deductible Rate Factor Deductible	Rate Fac	ctor	Premium Total (A) from Section 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: =						
	0.70		Ontion	al Express Mail	: US \$25	NON-US	\$35 +		
			option			TAL AMOUNT			
			All pay	/ments must b	e made in U.S	. dollars. Pleas	se make chec	ks and money	
7. Payment Method			orders	payable to Az	imuth Risk So	lutions. If paying	ng by creditca	rd, I authorize	
Cheque/Money Order			card,	or Discover ca	ns to debit my ard account for	r the totalamou	unt due as sp	ecified on the	
			Applic	ation. Coverac	e purchased l edit cardcomp	ov credit card	is subject to	validation and	
Visa Card M	aster Card		effecti	ve if the credit	t card compar	v denies the	charge. Note:	On American	
			Expres	sscards, the C	SC is a 4 dig	it number prin	ted on the from the f	ont above the	
American Express Card Discover Card				account number. On all other cards, it is a 3 digit value printed or thesignature panel on the back of the card immediately following the account number, or a portion of the account number.					
Credit Card Number :			Expiration Date:			1	Card Security Code (CSC):		
Billing Address :			Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information						i			
Agent/Broker Name: Navier Salas			Azimuth	Agent ID: 3757	79d80				
Company Name & Address: Navier Salas			Av. Ayacucho with Calle el Carmen, Edif. Centro Ayacucho, Tower A, Mezzanina, Santa Teresa del Tuy, Edo Cararcas , Miranda						
Phone: +58 412-8008888 Fax:	Fax:			Email: nsalas@aptuy.com			Website:		
I hereby apply for membership in the Beacon/ Axis Se certain Underwriters at Lloyd's. I understand that the in sudden and unexpected event while traveling outside certification Requirement and otherrestrictions and excl online and will not be effective unless such transaction is summary of benefits and that I may obtain a complete co at Lloyd's, as underwriter of the plan, is solely liable for approved, non-admitted insurer in all states of the United not be made against any state guaranty fund. I understa of the Applicant. If signed by a representative of the A pplicant, the undersigned warrants his/her capacity to s authority of the signer to so actand bind the Applicant.	surance applied my Home Cou usions. I unders is confirmed in w opy of the Maste orthe coverage I States except Ind and agree the Applicant, the u	d for is intry. I stand th vriting b er Policy and be Illinois a hat the indersig	not a g underst nat if I a by Azimu y upon r nefits p and Ken insuran gned wa	eneral healthir and this insur- im eligible for ith Risk Solution equest to Azim rovided under tucky where the ce agent/broke irrantshis/her co	nsurance policy ance contains an extension cons. I understa buth Risk Solut this insurance ley are admitte er, if any, assis apacity to so	y, but is intend a Pre-existing of this insurand nd that theinfo ions. I understa . I understand d. As such, cla ting with this A act. If signed	ded for use in g Condition ex se, it may only rmation contai and that Certa that Lloyd's o tims under this spplication is a as guardian o	the event of a cclusion, a Pre- be transacted ned herein is a in Underwriters operates as an insurancemay representative or proxy of the	

SignatureX:

Date (M/D/Y):

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.