## **The Beacon Series Application**

1. Please print legibly. Complete SECTIONS 1 - 7 at	nd sign the application							
Last Name:		First I	First Name: MI:					
Complete MailingAddress for correspondence:			Country of			of		
Doubling Telephone			Citizenship:			Coverage (M/D/Y):		
Daytime Telephone:  Nate: The primary incured will be Repoliciary for spaces & dependent children			Countries to be visited:  Date of Departure(M/D/Y):  End Date of Coverage (M/D/Y)			1/V).		
<b>Note:</b> The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			End Date of Coverage ( M/D/Y): Primary Applicant's Passport,					
If you require your Fulfillment Kit to be			SSN, or Driver's License #: Please provide an E-mail address.					
mailed to you, please check here:			Email is required for extending coverage:					
2. Select Maximum Limit		2 50	lect Coverage					
		3. 36	nect Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550, \$ 1,100,000.00 \$ 2,000,000.00	,000.00	L	│ Travel To Exc │ Travel To Incl					
			_ Traver To Ilici	ude 05				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Max	imum 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								
B C								
D								
E								
						Total (A)	\$	
5. Please Select a Deductible		6. Pl	ease enter inforr	nation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible	le Rate Fac	tor	Premium Total (A) from Section 4:					
☐ \$ 0.00	100.00		Deductible Rate Factor from Section 5: x					
\$ 250.00 1.00 \$ 5	500.00 0.90		Enter Total Here: =					
\$ 1,000.00 0.80 \$ 2	2,500.00 0.70	Optio	Optional Express Mail: US \$25 NON-US \$35 +					
				тс	TAL AMOUNT	DUE: \$		
7. Payment Method  Cheque/Money Order		orde Azin card App	rs payable to A nuth Risk Solution, or Discover continuition, ication. Covera	be made in U.S zimuth Risk So ons to debit my ard account for ge purchased I	lutions. If payi Visa card, Ma the totalamon by credit card	ng by creditcar sterCard, Amer unt due as spe is subject to v	d, I authorize rican Express ecified on the ralidation and	
Visa Card  American Express Card	Master Card Discover 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 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 :			ation Date:	TOT THE ACCOUNT		ity Code (CSC):		
Billing Address :		Name	as it appears on	card:	Signature:			
O Agant/Drakay Information								
8. Agent/Broker Information Agent/Broker Name: Sheela Tigulla		Azimı	th Agent ID: 3c1	8fd1f				
ů .			4120 Kelly Bluff Drive, Cumming , Georgia					
Phone: 6098652236 Fax:		Email	: myprotectionpa	l@gmail.com	Website:			
I hereby apply for membership in the Beacon/certain Underwriters at Lloyd's. I understand the sudden and unexpected event while traveling certification Requirement and otherrestrictions a online and will not be effective unless such trans summary of benefits and that I may obtain a com at Lloyd's, as underwriter of the plan, is solely approved, non-admitted insurer in all states of the not be made against any state guaranty fund. It of the Applicant. If signed by a representative Applicant, the undersigned warrants his/her capa authority of the signer to so actand bind the Appli	at the insurance applied outside my Home Cour and exclusions. I unders action is confirmed in wastelliable forthe coverage are United States except liable forthe coverage that the first and agree that of the Applicant, the unactive to so act. By accept	I for is not a ntry. I under tand that if I riting by Azir Policy upor and benefits Illinois and K nat the insurandersigned water insuran	general health stand this insu am eligible for nuth Risk Solut request to Azir provided undel entucky where t unce agent/brok varrantshis/her	insurance policy rance contains an extension coions. I understa muth Risk Solut r this insurance hey are admitte er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurand that theinfo ions. I understand d. As such, clating with this A act. If signed	ded for use in the condition except it may only reation contain and that Certain 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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