## **The Beacon Series Application**

1 Diagon print legibly Complete SECTIONS 1 7 and sign t	ha annlication							
Please print legibly. Complete SECTIONS 1 - 7 and sign t     l ast Name:	ne application	Firet N	lame.		MI:			
Last Name: Complete MailingAddress for correspondence:			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.			n. Applicantle Des	anaut	End Date of	Coverage ( M/D	)/Y):	
on this Application, if not otherwise indicated.			ry Applicant's Pas or Driver's Licens					
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:								
2. Select Maximum Limit		3. Se	ect Coverage	PII abul				
\$ 60,000.00\$ \$110,000.00\$ \$550,000.00			☐ Travel To Exclude US					
\$ 1,100,000.00 \$ 2,000,000.00  (NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum Li	mit 90.)		Travel To Include US					
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A						1.3		
B C								
D								
E						Total (A)	¢	
						Total (A)	φ	
5. Please Select a Deductible		6. Ple	ase enter inforn					
Deductible Rate Factor Deductible	Rate Factor		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:					
\$ 1,000.00 0.80 \$ 2,500.00	0.70	Optio	Optional Express Mail: US \$25 NON-US \$35 +					
				TC	OTAL AMOUNT	DUE: \$		
7. Payment Method  Cheque/Money Order  Visa Card  Master Card  American Express Card  Discover Card			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:	0		ty Code (CSC):		
Billing Address :		Name	as it appears on	card:	Signature:			
8. Agent/Broker Information								
Agent/Broker Name: Jiajin Wu		Azimu	th Agent ID: 3c2	b5234				
Company Name & Address: insurance services			21517 120th Ave E, Graham , Washington					
Phone: 3476130562 Fax:		Email:	hanainseattle21	@gmail.com	Website:			
I hereby apply for membership in the Beacon/ Axis Secertain Underwriters at Lloyd's. I understand that the in sudden and unexpected event while traveling outside certification Requirement and otherrestrictions and excluonline and will not be effective unless such transaction is summary of benefits and that I may obtain a complete coat 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 understate of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to sauthority of the signer to so actand bind the Applicant.	surance applied formy Home Country usions. I understant confirmed in writing by of the Master Prithe coverage and States except Illin and and agree that applicant, the understants is successed.	r is not a r. I unders d that if I ng by Azin olicy upon I benefits ois and Ke the 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 intend a Pre-existing of this insurance nd that theinfortions. I understate . I understand d. As such, clating with this A act. If signed	ded for use in the condition except, it may only remation contained that Certained that Lloyd's only important the condition in the condition is a second of the condition in th	the event of a clusion, a Pre- be transacted hed herein is a n Underwriters perates as an insurancemay representative r proxy of the	
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

<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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