## The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7	' and sign th	e application								
			First Name:			MI:				
Complete MailingAddress for correspondence:			Country of Citizenship:				Start Date of Coverage (M/D/Y):			
Daytime Telephone:			Countries to be visited:			v .	Date of Departure(M/D/Y):			
Note: The primary insured will be Beneficiary for spouse & dependent children			ldren	End Date of Coverage ( M/D/Y):						
on this Application, if not otherwise indicated.					Applicant's Pase Driver's License					
If you require your Fulfillment Kit to be					provide an E-ma					
mailed to you, please check here:				Email is	required for exte	ending coverage	).			
2. Select Maximum Limit				3. Sele	ct Coverage					
<b>\$ 60,000.00 \$ 110,000.00 \$ 5</b>	50,000.00			Travel To Exclude US						
\$ 1,100,000.00 \$ \$ 2,000,000.00					Travel To Inclu	Ide US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 M	laximum Lim	it 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)		Date of Birth M/D/Y	Se M		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
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								Total (		
5. Please Select a Deductible				6. Pleas	se enter inform	ation from Sec	tions 4 and 5			
Deductible Rate Factor Deduct	tible	Rate Fact	tor	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		Optiona	al Express Mail	: 🗌 US \$25	NON-US	\$35 +		
						тс	TAL AMOUNT	DUE: \$		
									cks and money	
7. Payment Method  Cheque/Money Order  Visa Card  American Express Card  Discover Card				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 :				Expiration Date:			Card Securit	Card Security Code (CSC):		
Billing Address :				Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information										
Agent/Broker Name: Beena Shah				Azimuth	Agent ID: 3fbb	b01d				
Company Name & Address: insurance services			3558 Flint Ave, Clovis , California							
Phone: 480 529 5556 Fax:	Fax:		Email: Beena6547@gmail.com			Website:	Website:			
I hereby apply for membership in the Beacor certain Underwriters at Lloyd's. I understand sudden and unexpected event while traveliny certification Requirement and otherrestrictions online and will not be effective unless such tra summary of benefits and that I may obtain a co at Lloyd's, as underwriter of the plan, is sole approved, non-admitted insurer in all states of not be made against any state guaranty fund. of the Applicant. If signed by a representativ Applicant, the undersigned warrants his/her ca authority of the signer to so actand bind the Ap	that the insu g outside m s and exclus omplete cop ly liable for the United S I understan ve of the Ap apacity to so	urance applied by Home Coun- sions. I underst confirmed in wr y of the Master the coverage a States except II d and agree th oplicant, the ur	for is tand th riting b r Policy and be llinois a at the ndersig	not a g understa at if I a y Azimu upon ru nefits pu and Ken insurand ned wa	eneral healthir and this insura m eligible for ith Risk Solutio equest to Azim rovided under tucky where th ce agent/broke rrantshis/her o	nsurance policy ance contains an extension cons. I understa buth Risk Solut this insurance ney are admitte or, if any, assis capacity to so	y, but is intend a Pre-existing of this insurance nd that theinfor ions. I understand d. As such, clai ting with this A act. If signed	ed for use in Condition e e, it may on mation conta and that Cert that Lloyd's ims under th pplication is as guardian	The event of a exclusion, a Pre ly be transacted ained herein is a ain Underwriters operates as an is insurancemay a representative or proxy of the	

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

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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.