The Beacon Series Application

	•	TONS 1 - 7 and sign th	ne application		E	17. 11.					
Last Name: Thevenin					First Name: Kettie Country of				MI:		
Complete MailingAddress for correspondence:, Postal Code:					Country of Citizenship:				Start Date of Coverage (M/D/Y): 07/04/2024		
Daytime Telephone:					Countries to be visited:			Date of Dep	Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.					2 4			End Date of 07/27/2024	End Date of Coverage (M/D/Y): 07/27/2024		
					Primary Applicant's Passport, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					Please provide an E-mail address.						
mailed to you, please check here:					Email is required for extending coverage: globalfollowupmail@gmail.com						
2. Select Maximum Limit						3. Select Coverage					
√ \$60,000.00					√ Travel To Exclude US						
\$ 2,000,000.00						Travel To Include US					
		, \$ 12,000 Maximum L	imit 80+)								
					ex I/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
Thevenin Kettie	-		07/04/2000	Female)	0.84 x	24 =	20.16 x		= 20.16	
									Total (A) \$ 20.16	
5. Please Select a Deductible						6. Please enter information from Sections 4 and 5					
Deductible	le Rate Factor Deductible Rate Factor			tor	Premium Total (A) from Section 4: 20.16						
\$ 0.00					Deductible Rate Factor from Section 5: x 1.1						
\$ 250.00					Enter Total Here: = 22.18						
\$1,000.00 0.80 \$2,500.00 0.70					Optional Express Mail: US \$25 NON-US \$35 +						
							тс	TAL AMOUNT	DUE:	\$ 22.18	
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 :					Expiration Date:			Card Secur	Card Security Code (CSC):		
Billing Address:					Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Info	ormation										
Agent/Broker Name: Ann Martine Paul					Azimuth Agent ID: 9b77e240						
Company Name & Address: Mi Casa Agency					4 Impasse Fleury, Musseou Petion-Ville , Ouest						
Phone: 509-3741-9009 Fax:					Email: globalfollowupmail@gmail.com Website:						
certain Underwrite sudden and unext certification Requir online and will not summary of benefi at Lloyd's, as und approved, non-adn not be made again of the Applicant. I	rs at Lloyd's. I un pected event whill rement and othern be effective unles ts and that I may of erwriter of the pla nitted insurer in all nest any state guara f signed by a rep ersigned warrants	ne Beacon/ Axis Ser derstand that the inse e traveling outside restrictions and exclus s such transaction is obtain a complete copin, is solely liable for states of the United anty fund. I understar resentative of the A his/her capacity to so ind the Applicant.	surance applied my Home Cou isions. I unders confirmed in w py of the Maste rithe coverage: States except I and and agree th pplicant, the u	d for is ntry. I stand the relation be relations and be lillinois and the ndersign.	not a gundershat if I a lay Azimi upon in nefits pand Kerinsuran ined wa	general healthing tand this insuration this insuration eligible for the light section of the light section with Risk Solution request to Azim provided under that the light section is agent/broke arrantshis/her control the light section in the light section is the light section in the light section in the light section is the light section in t	nsurance policy ance contains an extension cons. I understand buth Risk Soluti this insurance tely are admitte ar, if any, assist capacity to so	n, but is intended a Pre-existing of this insurance on the their on the their on the their on the their one. I understanded d. As such, claing with this A act. If signed	ded for use in Condition ease, it may on reaction contained that Certain that Lloyd's aims under the publication is as guardian	In the event of a exclusion, a Pre- y be transacted ained herein is a ain Underwriters operates as an is insurancemay a representative or proxy of the	
SignatureX:					Date (M/D/Y):						