The Beacon Series Application

1. Please print legibly	y. Complete SECT	IONS 1 - 7 and sign tl	ne application								
Last Name: FERREIRA VALLADARES						First Name: ROSA ANAIS			MI:		
Complete MailingAddress for correspondence: URBANIZACION EL PARAISO, CALLE						Country of			Start Date of		
F EDIF. PARAISO PLAZA Caracas, Federal District Postal Code: 1010 Venezuela						Citizenship: Venezuela			Coverage (M/D/Y): 02/23/2024		
Daytime Telephone: +584241883344					Countries to be visited: 1. Spain 3			Date of Dep 02/23/2024	Date of Departure(M/D/Y): 02/23/2024		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.					2. France 4				End Date of Coverage (M/D/Y): 03/22/2024		
						Primary Applicant's Passport, SSN. or Driver's License #: 177876969					
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: ferreiravalladaresrosaanais@gmail.com					
2. Select Maximum Limit						3. Select Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00 \$ 1,100,000.00					√ Travel To Exclude US						
\$ 2,000,000.00					Travel To Include US						
(NOTE: \$ 50,000 Maxi		\$ 12,000 Maximum L	imit 80+)								
4. Please list names ((Last Name, First Name)		e Insured.	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	
FERREIRA VALLADA	ARES ROSA ANAIS)	05/09/1986	Female	е	1.53 x	29 =	44.37 x	1.00 = Total (A)		
5. Please Select a Deductible						6. Please enter information from Sections 4 and 5					
Deductible					Premium Total (A) from Section 4: 44.37						
√ \$ 0.00					Deductible Rate Factor from Section 5: x 1.25						
\$ 250.00	\$ 250.00 1.00				Enter Total Here: = 55.46						
\$1,000.00 0.80 \$2,500.00 0.70					Optional Express Mail: US \$25 NON-US \$35						
							TC	OTAL AMOUNT	DUE:	\$ 55.46	
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:						, ,			Card Security Code (CSC):		
Billing Address: URBANIZACION EL PARAISO, CALLE F, EDIF. PARAISO PLAZA, Caracas, Federal District, Venezuela, 1010						Name as it appears on card: Signature:					
8. Agent/Broker Infor											
Agent/Broker Name: Navier Armando Salas Grado					Azimuth Agent ID: 66726e62						
Company Name & Address: Mi Casa Agency					Calle Sucre con calle Camanaco, Edif Galia Piso 3 Santa Teresa del Tuy , Miranda						
Phone: 58 412 800 8888 Fax:					Email: contacto@navier.com.ve Website:						
certain Underwriters sudden and unexpicertification Require online and will not be summary of benefits at Lloyd's, as unde approved, non-adminot be made agains of the Applicant. If	s at Lloyd's. I undected event while ement and otherre be effective unless s and that I may o rwriter of the plai itted insurer in all st any state guara signed by a repursigned warrants I	ne Beacon/ Axis Ser derstand that the insective traveling outside restrictions and excluses such transaction is obtain a complete colon, is solely liable for states of the United anty fund. I understar resentative of the Ahis/her capacity to solend the Applicant.	surance applied my Home Coursions. I unders confirmed in w py of the Maste rithe coverage a States except I and and agree th pplicant, the un	I for is ntry. I stand the riting be repolicy and be Illinois and the ndersign	not a gunders at if I a py Azim y upon and Kelinsurar upod with and kelinsurar and with an analysis of the with an analy	general healthir trand this insura am eligible for a light he ligh	asurance policiance contains an extension cons. I understa uth Risk Solut this insurance ey are admitter, if any, assistapacity to so	y, but is intend a Pre-existing of this insurance nd that theinfortions. I understate. I understanded. As such, cla ting with this A act. If signed	led for use in Condition exe, it may only mation contained that Certain that Lloyd's cims under this pplication is a as guardian of	the event of a clusion, a Pre- be transacted ned herein is a in Underwriters operates as an insurancemay representative or proxy of the	
SignatureX:						Date (M/D/Y):					