## **The Beacon Series Application**

1. Please print legibly. Complete SECTIO	NS 1 - 7 and sign th	e application								
Last Name:				First Name: MI:						
Complete MailingAddress for correspondence:				Country of			Start Date of	Start Date of		
· · · · · · · · · · · · · · · · · · ·				Citizenship:				Coverage (M/D/Y):		
Daytime Telephone:				Countries to be visited:				Date of Departure(M/D/Y):		
<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):					0/Y):	
on this Application, if not otherwise indicated.				Primary Applicant's Passport, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					provide an E-ma					
				Email is required for extending coverage:						
mailed to you, please check here:										
2. Select Maximum Limit				3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550.000.00				Travel To Excl	ludo IIC				
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			ш	Travel 10 Exc	lude 05				
\$ 1,100,000.00 \$ 2,000,000.00	00				Travel To Inclu	ude US				
(NOTE: \$50,000 Maximum Limit 70-79, \$1	2,000 Maximum Lim	nit 80+)								
	,							Optional		
4. Please list names of all persons to be	Insured.	Date of Birth	Se		Daily	Number of	Premium	Sports	Premium	
(Last Name, First Name, MI)		M/D/Y	M	/ <b>F</b>	Rate	Days	Sub Total	Rider Enter 1.3	Total	
A										
В										
С										
D										
E								Total (A)	¢.	
								Total (A)	Φ	
5. Please Select a Deductible				6. Plea	se enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Fac	tor			Premium Total	(A) from Section	on 4:		
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
\$ 0.00	\$ 100.00									
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: =						
\$ 1,000.00 0.80	\$ 2.500.00	0.70		Ontional European Mails US 605 NON US 605 T						
\$ 1,000.00	\$ 2,500.00			Optional Express Mail: US \$25 NON-US \$35 †						
						TC	TAL AMOUNT	DUE: \$		
						e made in U.S				
7. Payment Method				orders payable to Azimuth Risk Solutions. If paying by creditcard, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express						
Cheque/Money Order				card, or Discover card account for the totalamount due as specified on the						
Cheque/Money Order				Application. Coverage purchased by credit card is subject to validation and acceptance by the credit cardcompany. I understand that coverage will not be						
☐ Visa Card	Mas	ster Card		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						
American Express Card	Disc	cover Card		account number. On all other cards, it is a 3 digit value printed on the signature panel on the back of the card immediately following the account						
				numbe	er, or a portion	of the account	number.			
Credit Card Number :				Expiration	on Date:		Card Securi	ity Code (CSC):		
Billing Address :				Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: Sapana Joshi				Azimuth Agent ID: 4a56a4e4						
Company Name & Address: insurance services				1702 Hickory Creek Lane, Rockwall , Texas						
Phone: 4698972907	Fax:			Fmail: 1	mailgaratome@	omail com	Website:			
1 110116. 4030372307	I ax.			Linaii. i	nangaratorne	gman.com	Website.			
I hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Member(s) by certain Underwriters at Lloyd's. I understand that the insurance applied for is not a general healthinsurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-existing Condition exclusions. I understand that if I am eligible for an extension of this insurance, it may only be transacted online and will not be effective unless such transaction is confirmed in writing by Azimuth Risk Solutions. I understand that theinformation contained herein is a summary of benefits and that I may obtain a complete copy of the Master Policy upon request to Azimuth Risk Solutions. I understand that Certain Underwriters at Lloyd's, as underwriter of the plan, is solely liable forthe coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurancemay not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrantshis/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so actand bind the Applicant.										
SignatureX:				Date	(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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