The Beacon Series Application

1. Please print legibly. Complete SECTI	ONS 1 - 7 and sign t	ne application					la es			
Last Name: Surujdeo					First Name: Michael			MI:		
Complete MailingAddress for correspondence: 5-7 Sweet Briar Road Port-of- Spain, - Postal Code: 0000 Trinidad And Tobago				Country of Citizenship: Trinidad And Tobago			Coverage (N	Start Date of Coverage (M/D/Y): 04/20/2024		
Daytime Telephone: 2908949				Countries to be visited: 1. United States 3				Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children				2 4				End Date of Coverage (M/D/Y):		
on this Application, if not otherwise indicated.				04/28/2024 Primary Applicant's Passport,						
K				SSN, or Driver's License #: TB797593 Please provide an E-mail address.						
If you require your Fulfillment Kit to be mailed to you, please check here:					Email is required for extending coverage: insurance@sheppard.tt					
2. Select Maximum Limit				2 Sole	oot Covorago					
2. Select Maximum Limit \$ 60,000.00 \$ 110,000.00 \$ 550,000.00				3. Select Coverage Travel To Exclude US						
\$ 2,000,000.00	¢ 42 000 Mayimum I	::4 00 · \		√	Travel To Inclu	de US				
(NOTE: \$ 50,000 Maximum Limit 70-79, 4. Please list names of all persons to be (Last Name, First Name, MI)		Date of Birth		ex /F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter	Premium Total	
Surujdeo Michael		04/24/1979	Male		4.88 x	9 =	43.92 x	1.3 1.00 :		
								Total (A	\$ 43.92	
5. Please Select a Deductible					6. Please enter information from Sections 4 and 5					
Deductible Rate Factor	Deductible Rate Factor			Premium Total (A) from Section 4: 43.92						
\$ 0.00	\$ 100.00	00.00 1.10			Deductible Rate Factor from Section 5: x 1.25					
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: = 54.90						
\$ 1,000.00 0.80 \$ 2,500.00 0.70				Optional Express Mail: US \$25 NON-US \$35						
						тс	TAL AMOUNT	DUE:	\$ 54.90	
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 Security Code (CS			ty Code (CSC)			
Billing Address:				Name a	as it appears on o	eard:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: Sheppard Insurance Brokers Limited				Azimuth Agent ID: 15d3185a						
Company Name & Address: Sheppard Insurance Brokers Ltd.				5-7 Sweet Briar Rd., Port-of-Spain , Trinidad						
Phone: 1-868-222-5192	Fax: 1-868-222-5193			Email:	sseepersad@sh	eppard.tt	Website: www.sheppard.tt			
I hereby apply for membership in th certain Underwriters at Lloyd's. I und sudden and unexpected event while certification Requirement and otherre online and will not be effective unless summary of benefits and that I may o at Lloyd's, as underwriter of the plar approved, non-admitted insurer in all not be made against any state guara of the Applicant. If signed by a repr Applicant, the undersigned warrants hauthority of the signer to so actand bit	lerstand that the insertaveling outside instructions and excluse such transaction is btain a complete con, is solely liable fostates of the United inty fund. I understail esentative of the Anis/her capacity to si	surance applied my Home Cour issions. I unders confirmed in w py of the Master the coverage a States except Il and and agree the pplicant, the ur	I for is ntry. I ntry. I ntry. I ntry. I ntry. I ntry it in the ntry it is the ntry it in the ntry it is the ntry it in the nt	not a gundershat if I a y Azimon upon one fits pand Kerinsuran ned wa	general healthir tand this insura am eligible for uth Risk Solution request to Azim provided under intucky where the lice agent/broke arrantshis/her of	nsurance policiance contains an extension cons. I understa auth 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	ed for use in Condition exe, it may only mation contain that Certain that Lloyd's ims under this pplication is a as guardian	the event of a sclusion, a Pre- y be transacted ined herein is a a in Underwriters operates as an a representative or proxy of the	
SignatureX:				Date	(M/D/Y):					