The Beacon Series Application

1. Please print legibly	. Complete SECTI	IONS 1 - 7 and sign th	ne application								
Last Name: JAMOUS						First Name: HANAN			MI:		
Complete MailingAddress for correspondence: 4436 N State Street # B6-3 JACKSON,						Country of			Start Date of		
Mississippi Postal Code: 39206 United States Minor Outlying Islands						Citizenship: Libya			Coverage (M/D/Y): 05/25/2024		
Daytime Telephone: 6019811331						Countries to be visited:			Date of Departure(M/D/Y):		
Note: The primary increased will be Depolicion, for energy 9, depondent abildren.						1. Germany 3 2 4			02/21/2024		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.								07/25/2024	End Date of Coverage (M/D/Y): 07/25/2024		
						Primary Applicant's Passport, SSN, or Driver's License #: N013290352					
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: maraagency@bellsouth.net					
2. Select Maximum Limit						3. Select Coverage					
√ \$60,000.00					√ Travel To Exclude US						
\$ 2,000,000.00					Travel To Include US						
		£ 42 000 Mayimum I	::t 00 . \		ш	maver to miciu	ue os				
(NOTE: \$ 50,000 Maxi	imum Limit 70-79,	\$ 12,000 Waximum L	Imit 80+)								
4. Please list names of (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	
JAMOUS HANAN			10/06/1967	Male		2.86 x	62 =	177.32 x	1.00 =		
									Total (A	\$ 177.32	
5. Please Select a Deductible						6. Please enter information from Sections 4 and 5					
Deductible	ductible Rate Factor Deductible Rate Fact				Premium Total (A) from Section 4: 177.32						
\$ 0.00	\$ 0.00 1.25				Deductible Rate Factor from Section 5: x 1						
\$ 250.00	\$ 250.00 1.00 \$ 500.00 0.90				Enter Total Here: = 177.32						
\$1,000.00 0.80 \$2,500.00 0.70					Optional Express Mail: US \$25 NON-US \$35						
							тс	OTAL AMOUNT	DUE:	\$ 177.32	
7. Payment Method Cheque/Money Order					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						
Visa Card	•	☐ Ma	ster Card		accep	cation. Coverago stance by the cr ive if the credit	edit cardcomp	any. I understa	nd that covera	age will not be	
American Express Card Discover Card					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 the signature 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 (CSC):		
Billing Address :					Name a	as it appears on o	ard:	Signature:			
8. Agent/Broker Infor	mation										
Agent/Broker Name: ARS Default					Azimuth Agent ID: azimuth						
Company Name & Address: Azimuth Risk Solutions					8520 Allison Pointe Blvd., Suite 220 Indianapolis , Indiana						
Phone: 888-201-8850 Fax: 888-201-8851 or 317-423-9620					Email: service@azimuthrisk.com Website:						
I hereby apply for r certain Underwriters sudden and unexpecertification Require online and will not b summary of benefits at Lloyd's, as under approved, non-adminot be made agains of the Applicant. If Applicant, the under authority of the signer	s at Lloyd's. I uncerted event while ement and otherre ee effective unless and that I may o rwriter of the plar itted insurer in all it any state guara signed by a reprisigned warrants I	derstand that the insectaveling outside restrictions and excluses such transaction is btain a complete cope, is solely liable for states of the United inty fund. I understar resentative of the Anis/her capacity to so	surance applied my Home Cou isions. I unders confirmed in w py of the Maste rithe coverage States except ind and agree the pplicant, the u	d for is intry. I stand the vriting be Policy and be Illinois a hat the indersig	not a gundershat if I a ay Azimiy upon in nefits pand Kerinsuran	general healthir tand this insura am eligible for auth Risk Solution request to Azim provided under intucky where those agent/broke arrantshis/her of	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 contains that Certa that Lloyd's ims under this pplication is a signardian	the event of a colusion, a Pre- v be transacted ned herein is a a in Underwriters operates as an a insurancemay representative or proxy of the	
SignatureX:						Date (M/D/Y):					