## **The Beacon Series Application**

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1. Please print legibly. Complete SECTIONS Last Name:	o i - 7 and sign th	е аррисацоп	Firet N	lame.		MI:			
Last Name: Complete MailingAddress for correspondence:			Count	First Name:  Country of Citizenship:			Start Date of Coverage (M/D/Y):		
Daytime Telephone:				Countries to be visited:			Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				ay Applicant's Res	anart	End Date of	Coverage ( M/D	/Y):	
			SSN,	ry Applicant's Pas or Driver's Licens	e #:				
If you require your Fulfillment Kit to be				e provide an E-ma is required for ex		):			
mailed to you, please check here:									
2. Select Maximum Limit  \$\begin{align*} \text{ \$60,000.00} & \$110,000.00 & \$550,000.00 \end{align*}				3. Select Coverage  Travel To Exclude US					
\$ 1,100,000.00 \$ 2,000,000.00				☐ Travel To Include US					
(NOTE: \$50,000 Maximum Limit 70-79, \$12,  4. Please list names of all persons to be Ins (Last Name, First Name, MI)		Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A							1.3		
B C									
D									
Е							T-+-1 / ^ \	Φ.	
							Total (A)	<b></b>	
5. Please Select a Deductible			6. Ple	ase enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor D	eductible	Rate Factor		Premium Total (A) from Section 4:					
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x					
\$ 250.00	\$ 500.00	0.90		Enter Total Here:					
\$ 1,000.00	\$ 2,500.00	0.70	Optio	Optional Express Mail: US \$25 NON-US \$35 +					
					TC	OTAL AMOUNT I	DUE: \$		
7. Payment Method  Cheque/Money Order  Visa Card  Master Card  American Express Card  Discover Card			orde Azim card, Appli acce effec Expr acco thesi	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 :				tion Date:			ty Code (CSC):		
Billing Address :			Name	as it appears on	card:	Signature:			
8. Agent/Broker Information									
_			Azimu	Azimuth Agent ID: 501f8fc3					
Company Name & Address: insurance services			468 D	468 Darlington Road, Media , Pennsylvania					
Phone: 2029977957	ax:		Email:	qingwfg6@gma	il.com	Website:			
I hereby apply for membership in the B certain Underwriters at Lloyd's. I unders sudden and unexpected event while tracertification Requirement and otherrestrionline and will not be effective unless su summary of benefits and that I may obtain at Lloyd's, as underwriter of the plan, is approved, non-admitted insurer in all state not be made against any state guaranty of the Applicant. If signed by a represe Applicant, the undersigned warrants his/hauthority of the signer to so actand bind to	tand that the ins aveling outside notions and exclusions and exclusion is on a complete cops solely liable for tes of the United in fund. I understand that the Appendix of the Appendix	urance applied for applied for applied for yellow the confirmed in writing of the Master Pothe coverage and States except Illing and agree that opplicant, the under the coverage that the coverage	r is not a r. I unders d that if I ng by Azin blicy upon benefits bis and Kethe insura	general healthistand this insuram eligible for nuth Risk Soluti request to Azin provided under entucky where the three agent/brokyarrantshis/her	insurance policy rance contains an extension cons. I understa muth Risk Solut this insurance hey are admitte er, if any, assis capacity to so	y, but is intender a Pre-existing of this insurance and that theinfor ions. I understanded. As such, claiting with this Apact. If signed a	ed for use in Condition exce, it may only mation contain that Certain that Lloyd's o ims under this oplication is a as guardian o	the event of a clusion, a Pre- be transacted herein is a clusion in the clusion in the clusion is a clusion in the clus	
SignatureX:			Date	e (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

**AZIMUTH RISK SOLUTIONS** 8520 Allison Pointe Blvd., Suite #220 Indianapolis, Indiana 46250 Phone: 1-317-644-6291 / 1-888-201-8850

Fax: 1-317-423-9620 / 1-888-201-8851

Email: <a href="mailto:sevice@azimuthrisk.com">sevice@azimuthrisk.com</a> Website: <a href="mailto:www.azimuthrisk.com">www.azimuthrisk.com</a>