The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign	n the application								
ast Name: I Complete MailingAddress for correspondence:		First Name:				MI:			
			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.			End Date of Coverage (M/D/Y): Primary Applicant's Passport,						
				Driver's License					
If you require your Fulfillment Kit to be				provide an E-ma required for ext		2.			
mailed to you, please check here:			2		onang ooronage				
2. Select Maximum Limit			3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00			_	Travel To Excl	uda US				
				Traver TO EXCI	uue 05				
\$ 1,100,000.00 \$ 2,000,000.00				Travel To Inclu	ide US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum	Limit 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	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	
A									
B									
D									
E							Tatal (/		
							Total (A	A) Þ	
5. Please Select a Deductible			6. Plea	se enter inform	ation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible	Rate Fac	tor			Premium Total	(A) from Section	on 4:		
\$ 0.00 1.25 \$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00 \$ 500.00	0.90		Enter Total Here: =						
\$ 1,000.00	0 0.70		Optiona	al Express Mail	: 🗌 US \$25	NON-US	\$35 +		
					т	DTAL AMOUNT	DUE: \$		
7. Payment Method All payments must be made in U.S. dollars. Please make checks and mone orders payable to Azimuth Risk Solutions. If paying by creditcard, I authorized Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card Cheque/Money Order Master Card Visa Card Master Card American Express Card Discover Card Discover Card Discover Card						ard, I authorize erican Express becified on the validation and rage will not be : On American ront above the ue printed on			
redit Card Number :			Expiration Date:				Card Security Code (CSC):		
Billing Address :			Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information									
Agent/Broker Name: Amanda West			Azimuth	Agent ID: 5231	lc212				
Company Name & Address: PCF Insurance Services of the West			8501 N Scottsdale Rd.,Suite 200 Scottsdale , Arizona						
Phone: 4808682727 Fax:	c		Email: amanda@capitalwestins.com		Website:	Website:			
I hereby apply for membership in the Beacon/ Axis S certain Underwriters at Lloyd's. I understand that the sudden and unexpected event while traveling outside certification Requirement and otherrestrictions and ex online and will not be effective unless such transaction summary of benefits and that I may obtain a complete at Lloyd's, as underwriter of the plan, is solely liable approved, non-admitted insurer in all states of the Unite not be made against any state guaranty fund. I unders of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to authority of the signer to so actand bind the Applicant.	insurance applied e my Home Cou clusions. I unders is confirmed in w copy of the Maste forthe coverage a ed States except I tand and agree the Applicant, the u	d for is intry. I stand th vriting b er Policy and be Illinois a hat the indersig	not a g understanat if I a by Azimu y upon r nefits p and Ken insurang ned wa	eneral healthin and this insur- im eligible for ith Risk Solution equest to Azim rovided under tucky where the ce agent/broke urrantshis/her of	nsurance polic ance contains an extension of ons. I understa buth Risk Solut this insurance ney are admitte or, if any, assis capacity to so	y, but is intend a Pre-existing of this insuranc nd that theinfor ions. I understand d. As such, cla ting with this A act. If signed	led for use in Condition e e, it may onl rmation conta and that Certa that Lloyd's ims under thi pplication is as guardian	i the event of a xclusion, a Pre- y be transacted ined herein is a ain Underwriters operates as an s insurancemay a representative or proxy of the	

SignatureX:

Date (M/D/Y):

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BEACON SERIES RATES

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

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

*\$50,000 Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH	\$2,000,000 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

*\$50,000 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: <u>sevice@azimuthrisk.com</u> Website: <u>www.azimuthrisk.com</u>

Rates are shown in US dollars and are Effective 10/03/2022. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.