The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sig	gn the application							
Last Name:			First Name:			MI:		
Complete MailingAddress for correspondence:			Country of Citizenship:			Start Date of Coverage (M/D/Y):		
Daytime Telephone: Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.		_	Countries to be visited:			ate of Departure(M/D/Y):		
		End Date of Coverage (M/D/Y): Primary Applicant's Passport,						
			r Driver's License					
If you require your Fulfillment Kit to be			Please provide an E-mail address. Email is required for extending coverage:					
mailed to you, please check here:		Liliali	s required for ext	ending coverage	•			
2. Select Maximum Limit		2 Col	ect Coverage					
		3. Sei	•					
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00			Travel To Exclude US					
\$ 1,100,000.00 \$ 2,000,000.00			Travel To Include 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)		Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A								
B C								
D								
E						T . 1/A)		
						Total (A)	\$	
5. Please Select a Deductible		6. Plea	se enter inform	ation from Sect	tions 4 and 5			
Deductible Rate Factor Deductible	Rate Factor		Premium Total (A) from Section 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 0.80 \$ 2,500.	0.70	Optional Express Mail: US \$25 NON-US \$35 +						
				тс	TAL AMOUNT	DUE: \$		
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 the signature panel on the back of the card immediately following the account number, or a portion of the account number.					
Credit Card Number:			ion Date:	or the account		ty Code (CSC):		
Billing Address :		Name	as it appears on	card:	Signature:			
8. Agent/Broker Information								
Agent/Broker Information Agent/Broker Name: Qinghua Yu		Azimut	h Agent ID: 5c81	157db				
			75 Independence Rd, Concord , Maine					
none: 5086657728 Fax:			Email: qinghuayuinsurance@gmail.com Website:					
I hereby apply for membership in the Beacon/ Axis certain Underwriters at Lloyd's. I understand that the sudden and unexpected event while traveling outsic certification Requirement and otherrestrictions and e online and will not be effective unless such transactio 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 Uni not be made against any state guaranty fund. I under of the Applicant. If signed by a representative of th Applicant, the undersigned warrants his/her capacity to authority of the signer to so actand bind the Applicant.	e insurance applied for it de my Home Country. sculusions. I understand in is confirmed in writing copy of the Master Poli e forthe coverage and be ted States except Illinois stand and agree that the Applicant, the unders so so act. By acceptance	s not a landers that if I by Azim cy upon enefits pand Ke insurar igned w	general healthing tand this insuration eligible for uth Risk Solution request to Azinorovided under thucky where the agent/brokearrantshis/her of the solution in the solution	nsurance policy ance contains an extension cons. I understa nuth Risk Soluti this insurance ney are admitte er, if any, assis- capacity to so	y, but is intend a Pre-existing of this insurance nd that theinfortions. I understate. I understand d. As such, clate ting with this A act. If signed	led for use in Condition exite, it may only rmation contain and that Certain that Lloyd's o ims under this pplication is a as guardian o	the event of a clusion, a Pre- be transacted ned herein is a n Underwriters perates as an insurancemay representative r proxy of the	
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

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit	\$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

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

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