The Beacon Series Application

	ly. Complete SECT	TIONS 1 - 7 and sign th	ne application								
Last Name: Ferreira					First Name: Ines			MI: M P			
Complete MailingAddress for correspondence: Matosinhos Matosinhos, Porto Postal Code: 4450590 Portugal					Country of Citizenship: Portugal				Start Date of Coverage (M/D/Y): 02/16/2024		
Daytime Telephone: +351912480001						Countries to be visited: 1. Brazil 3			Date of Departure(M/D/Y): 02/15/2024		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.					2 4			End Date of	End Date of Coverage (M/D/Y): 02/25/2024		
on the representation in the state of the st					Primary Applicant's Passport,						
If you require your Fulfillment Kit to be					SSN, or Driver's License #: CC 753237 Please provide an E-mail address.						
mailed to you, please check here:						Email is required for extending coverage: inespferreira7@gmail.com					
2. Select Maximum Limit						3. Select Coverage					
\$ 60,000.00 3 \$ 110,000.00 3 \$ 550,000.00 3 \$ 1,100,000.00											
\$ 2,000,000.00						Travel To Include US					
		\$ 12 000 Maximum I	imit 80±)			Traver to more	uc 00				
(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	
Ferreira Ines M P			03/24/2001	Female	Э	1.05 x	10 =	10.50 x		= 10.50	
									Total (A	A) \$ 10.50	
5. Please Select a Deductible 6. Please enter information from Sections 4 and 5											
Deductible	ctible Rate Factor Deductible Rate Factor				Premium Total (A) from Section 4: 10.50						
\$ 0.00	√ \$ 0.00 1.25				Deductible Rate Factor from Section 5: x 1.25						
\$ 250.00	\$ 250.00 1.00 \$ 500.00 0.90				Enter Total Here: = 13.13						
\$ 1,000.00 0.80 \$ 2,500.00 0.70					Optional Express Mail: US \$25 NON-US \$35						
							TC	TAL AMOUNT	DUE:	\$ 13.13	
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 Secur	Card Security Code (CSC):		
Billing Address: Matosinhos, Matosinhos, Porto, Portugal, 4450590					Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Info	ormation										
Agent/Broker Name: Antonio Joaquim Gomes Marques					Azimuth Agent ID: 27715785						
Company Name & Address: Seguros Privados					Rua Alves Redol, 385, Porto , Porto						
Phone: +351 935073761 Fax: +351 225509463					Email: Website: gomes.marques@segurosprivados.com.pt http://www.segurosprivados.com.pt						
certain Underwrite sudden and unext certification Requinonline and will not summary of benefiat Lloyd's, as und approved, non-admot be made agair of the Applicant. I	ors at Lloyd's. I un pected event while rement and other be effective unles its and that I may be rewriter of the planitted insurer in all nest any state guaraf signed by a repersigned warrants.	ne Beacon/ Axis Ser derstand that the inside traveling outside restrictions and exclusions such transaction is obtain a complete copan, is solely liable for least of the United anty fund. I understand presentative of the A his/her capacity to so ind the Applicant.	surance applied my Home Cou isions. I unders confirmed in w py of the Master the coverage States except I and and agree the pplicant, the u	d for is untry. I stand the vriting be Policy and be Illinois a hat the undersigned.	not a gunders at if I a ay Azim y upon nefits pand Kerinsurar	general healthing tand this insur- am eligible for uth Risk Solution request to Azim provided under ntucky where the the agent/broke arrantshis/her of the tand the the control of the the control of the the control of the the control of the the tand the the control of the the tand the the the tand the the tand the the the tand the the the tand the the the the the the the the	nsurance policy ance contains an extension cons. I understanuth Risk Soluti this insurance usey are admitte er, if any, assistapacity to so	y, but is intended a Pre-existing of this insurance of that theinfortions. I understand d. As such, clating with this A act. If signed	ded for use in ground to be in the control of the c	In the event of a exclusion, a Pre- y be transacted ained herein is a ain Underwriters operates as an is insurancemay a representative or proxy of the	
SignatureX:					Date (M/D/Y):						