## **The Beacon Series Application**

1. Please print legibly. Complete SECTIONS 1 - 7	7 and sign th	e application								
Last Name:				First Name: MI: Country of Start Date of						
Complete MailingAddress for correspondence:				Country of Citizenship:			- 10111 - 01110 0	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:				Date of Departure(M/D/Y):		
				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	il address. ending coverage	۸۰			
mailed to you, please check here:				Liliali is	required for ext	ending coverage				
2. Select Maximum Limit				2 0-1-	at Cavanana					
				3. Select Coverage						
\$ 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 N	laximum Lin	nit 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 C										
D										
Е										
								Total (A)	\$	
5. Please Select a Deductible				6. Plea	se enter inform	ation from Sect	tions 4 and 5			
Deductible Rate Factor Deduction	tible	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		Optional Express Mail: US \$25 NON-US \$35 +						
						тс	OTAL 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 thesignature panel on the back of the card immediately following the account number, or a portion of the account number.							
Credit Card Number :					on Date:	or the account		ity Code (CSC):		
Billing Address :				Name a	s it appears on	card:	Signature:			
9 Agont/Proker Information										
B. Agent/Broker Information Agent/Broker Name: Joel Lozada				Azimuth	Agent ID: 6089	9626b				
				4600 Hwy 6 N,Suite 315 Houston , Texas						
Phone: 8322167580 Fax:			Email: jrlozardainsurance@gmail.com Website:							
I hereby apply for membership in the Beaco certain Underwriters at Lloyd's. I understand sudden and unexpected event while travelin certification Requirement and otherrestrictions online and will not be effective unless such trasummary of benefits and that I may obtain a cat Lloyd's, as underwriter of the plan, is sole approved, non-admitted insurer in all states of not be made against any state guaranty fund. of the Applicant. If signed by a representative Applicant, the undersigned warrants his/her cauthority of the signer to so actand bind the Applicant.	that the insign outside insign outside insign outside insign of the control of the united of the United of the Apacity to so	urance applied ny Home Count sions. I understa confirmed in writer of the Master the coverage at States except Illid and agree the oplicant, the unc	for is try. I and the iting be Policy and be inois at the dersign.	not a gundershat if I aby Azimiy upon in enefits pand Kerinsuran	peneral healthing and this insurant this insurant Risk Solution of the request to Azim rovided under thucky where the ce agent/broke arrantshis/her of the same of the realth and the same of the same	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 intended a Pre-existing of this insurance and that theinfolions. I understanded. As such, clating with this A act. If signed	ded for use in Condition exite, it may only read that Certain that Lloyd's cuims under this pplication is a as guardian of	the event of a clusion, a Pre- be transacted ned herein is a n Underwriters perates as an insurancemay representative or 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

<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>