## The Beacon Series Application

Complete MailingAddress for correspondence:   Country of Country o									
Citizanita: Countries to be visited: Date of Birth   You require your Fulfilment Kit to be Prease provide and E-mail address.   analed to you, plaase check here: Prease provide and E-mail address.   2. Select Maximum Limit 3. Select Coverage   a \$ 50,000.00 \$ 110,000.00   \$ 1,000.000 \$ 22,000,000.00   (ket Name, First Name, Mi) Date of Birth   MDVY Mref   A. Presse Birt names of all persons to be Insured. Date of Birth   A. Presse Birt names of all persons to be Insured. Date of Birth   B. Countries to be counted to be repressed to the card of the c	MI: Start Data of								
Note:: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.   Indicate of Coverage (MD/Y): Primary Application Passport, SSN, or Driver's Lionese F.     If you require your Fulfilment Kit to be mailed to you, please check here:   Please privide and E-mail a required for extending coverage: mailed to you, please check here:     2. Select Maximum Limit   9. Select Coverage     3. Select Coverage   Travel To Exclude US     (NOTE:: \$50.000 Maximum Limit 70-79, \$12.000 Maximum Limit 80+)   Travel To Include US     4. Please list names of all persons to be Insured. (Last Name, First Name, MI)   Date of Birth MrD/Y   Sex MrE   Daliy MrE   Number of Days   Premium Sports Sub Total   Optional Ride Enter   Premium Total (A) \$     5. Please Select a Deductible   Rate Factor   Permium Total (A) from Section 4 and 5   Deductible Rate Factor Deductible   Rate Factor   Permium Total (A) from Section 5 : x   x     5. Please Select a Deductible   Rate Factor   Deductible Rate Factor Deductible   Rate Factor   Permium Total (A) from Section 4 and 5     0   \$ \$ 0.00   1.00   \$ \$ 00.00   0.30   Enter Total Here:   =     5   \$ \$ 250.00   0.70   Deductible Rate Factor from Section 5 : x   x   A     6   Checu									
on this Application, if not otherwise indicated.   Primary Application Prespont.     Primary Application Prespont.   SN, or Orlver's License #.     Please provide an E-mail address.   Email is required for extending coverage:     = Select Maximum Limit   3. Select Coverage     = Stone of Maximum Limit (NOTE: \$50,000.000   \$ \$50,000.000     = Stone of Maximum Limit 70-79, \$12,000 Maximum Limit 80->)   3. Select Coverage     4. Please list names of all persons to be Insured.   Date of Birth MDY     MPF   Daily   Number of Days     A   Premium Sub Total   Sports     B									
SN, or Driver's License #:     If your oquire your, Fulfilment Kit to be mailed to you, please check here:     2. Select Maximum Limit mailed to you, please check here:     \$ \$60,000.00 \$ \$110,000.00 \$ \$550,000.00     \$ \$1,100,000.00 \$ \$2,2000,000.00     (NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum Limit 80+)     4. Please list names of all persons to be insured.   Date of Birth MUDY     A mane, First Name, Mi)   Date of Birth MUDY     A mane, First Name, Mi)   Date of Birth MUDY     A mane, First Name, Mi)   Date of Birth MUDY     A mane, First Name, Mi)   Date of Birth MUDY     S. Please enter information from Section 4:   Image: Section 4:     B mailed to you, please check here:   Image: Section 4:     C manue, First Name, Mi)   Section 4:     B mane, First Name, Mi)   Section 4:     C manue   Image: Section 4:     B mane, First Name, Mi)   Section 4:     C manue   Image: Section 4:     B mane, First Name, Mi)   Section 4:     C manue   Image: Section 4:     B mane   Image:									
Email is required for extending coverage:     2. Select Maximum Limit     2. Select Maximum Limit     3. Select Maximum Limit 70-79, \$12,000 Maximum Limit 80+)     4. Please list names of all persons to be Insured. (Last Name, First Name, MI)     A     B     C     C     D     S. Please Select a Deductible     S. Please Select a Deductible     Rate     S. 9.000     1.25     S. 100.000     S. 100.000     S. 9.000     1.25     S. 100.000     S. 9.000     1.25     S. 100.000     S. 9.000     1.25     S. 100.00     S. 9.000     S. 9.000     S. 9.000	SSN, or Driver's License #:								
mailed to you, please check here:   3. Select Coverage     2. Select Maximum Limit   3. Select Coverage     3. \$60,00.00   \$ \$10,000.00     \$ \$1,100,000.00   \$ \$2,000,000.00     (NOTE: \$30,000 Maximum Limit 70-79, \$12,000 Maximum Limit 80+)   Travel To Include US     4. Please list names of all persons to be insured.   Date of Birth MDY   Sex   Daily   Number of Premium Sports   Premium Sports   Premium Comparison     A   B									
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A   Date of Birth M/D/Y   Sex M/F   Daily Rate   Number of Days   Prenium Sub Total   Optional Sports Rider   Pren Total     A									
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4. Please list names of all persons to be Insured.   Date of Birth M/D/Y   Sex M/F   Daily Rate   Number of Days   Premium Sub Total   Sports Ride Enter 1.3   Premium Ride Enter 1.3     A									
B   C   Image: Constraint of the constraint of the card of the card in under stand by credit card company denies the charge. Note: On American Express Card   Image: Constraint of the card immediately following the acount number. On all other cards, it is a 3 digit value print of the account number. On all other cards, it is a 3 digit value print of the account number. On all other cards, it is a 3 digit value print an under stand print of the account number.	nium otal								
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5. Please Select a Deductible   6. Please enter information from Sections 4 and 5     Deductible   Rate Factor   Premium Total (A) from Section 4:     \$ \$ 0.00   1.25   \$ 100.00   1.10     \$ \$ 250.00   1.00   \$ 500.00   0.90     \$ \$ 1,000.00   0.80   \$ 2,500.00   0.70     Optional Express Mail:   US \$25   NON-US \$35     TOTAL AMOUNT DUE: \$     All payments must be made in U.S. dollars. Please make checks and rorders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card   Master Card     American Express Card   Discover Card   American Express Card   Note: Card									
5. Please Select a Deductible   6. Please enter information from Sections 4 and 5     Deductible   Rate Factor   Deductible     \$ 0.00   1.25   \$ 100.00   1.10     \$ \$ 250.00   1.00   \$ 500.00   0.90     \$ \$ 1,000.00   0.80   \$ 2,500.00   0.70     Optional Express Mail:   US \$25   NON-US \$35     *   TOTAL AMOUNT DUE: \$     All payments must be made in U.S. dollars. Please make checks and r orders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card     Visa Card   Master Card     American Express Card   Discover Card									
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   \$ 2,500.00   0.70   Optional Express Mail:   US \$25   NON-US \$35   +     TOTAL AMOUNT DUE: \$     All payments must be made in U.S. dollars. Please make checks and r orders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card     Wisa Card   Master Card   Master Card   American Express Card   Discover Card   American express Card   3 digit value printed on the front abov account number. On all other cards, it is a 3 digit value printed on the front abov account number.									
\$ 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   \$ 2,500.00   0.70   Optional Express Mail:   US \$25   NON-US \$35   +     TOTAL AMOUNT DUE: \$     All payments must be made in U.S. dollars. Please make checks and r     orders payable to Azimuth Risk Solutions. If paying by creditcard, I aut     Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card   Master Card     American Express Card   Discover Card   Expresscards, the CSC is a 4 digit number printed on the front abov account number. On all other cards, it is a 3 digit value printed on the front abov account number.									
\$ 0.00   1.00   \$ 100.00   0.90   Enter Total Here:   =     \$ 250.00   0.80   \$ 2,500.00   0.70   Optional Express Mail:   US \$25   NON-US \$35   +     TOTAL AMOUNT DUE: \$     All payments must be made in U.S. dollars. Please make checks and r     orders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card     Visa Card   Master Card   American Express Card   Discover Card   All payments number. On all other cards, it is a 3 digit value printed on the font above account number.									
\$ 250.00   0.80   \$ 500.00   0.70     Optional Express Mail:   US \$25   NON-US \$35   +     TOTAL AMOUNT DUE: \$     All payments must be made in U.S. dollars. Please make checks and r orders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card     Visa Card   Master Card   American Express Card   Discover Card     Discover Card   Discover Card   at 4 digit number printed on the front abov account number. On all other cards, it is a 3 digit value print the signature panel on the back of the card immediately following the ac number, or a portion of the account number.									
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7. Payment Method   All payments must be made in U.S. dollars. Please make checks and rorders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express Card     Visa Card   Master Card     American Express Card   Discover Card									
7. Payment Method   orders payable to Azimuth Risk Solutions. If paying by creditcard, I aut Azimuth Risk Solutions to debit my Visa card, MasterCard, American E> card, or Discover card account for the totalamount due as specified acceptance by the credit card company. I understand that coverage will a effective if the credit card company denies the charge. Note: On American Express Card     Master Card   Discover Card     Discover Card   Discover Card									
Credit Card Number : Card Security Code (CSC):	Cheque/Money Order   Azimuth Hisk 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 card company. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American Express Card     American Express Card   Discover Card     Discover Card   Discover Card								
Billing Address : Name as it appears on card: Signature:									
8. Agent/Broker Information									
Agent/Broker Name: Navier Armando Salas Grado Azimuth Agent ID: 66726e62									
Company Name & Address: Mi Casa Agency Calle Sucre con calle Camanaco, Edif Galia Piso 3 Santa Teresa del Tuy, Mirano	Calle Sucre con calle Camanaco,Edif Galia Piso 3 Santa Teresa del Tuy , Miranda								
Phone: 58 412 800 8888 Fax: Email: contacto@navier.com.ve Website:									
I hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Members certain Underwriters at Lloyd's. I understand that the insurance applied for is not a general healthinsurance policy, but is intended for use in the event sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, certification Requirement and otherrestrictions and exclusions. I understand that if I am eligible for an extension of this insurance, it may only be tran online and will not be effective unless such transaction is confirmed in writing by Azimuth Risk Solutions. I understand that theinformation contained here at Lloyd's, as underwriter of the plan, is solely liable for the Coverage and benefits provided under this insurance. I understand that Lloyd's operates approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance of the Applicant. If signed by a representative of the Applicant, the undersigned warrantshis/her capacity to so act. If signed as guardian or proxy Applicant, the undersigned warrantshis/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratif authority of the signer to so actand bind the Applicant.	ent of a a Pre- nsacted ein is a rwriters as an ncemay entative 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.