The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the	application								
Last Name: Sultan				First Name: Muhammad Haider			MI:		
Complete MailingAddress for correspondence: 598 D, Johar Town Lahore, Punjab Postal Code: 54782 Pakistan				Country of Citizenship: Pakistan			Start Date of Coverage (M/D/Y): 06/10/2024		
Daytime Telephone: +923349888396				Countries to be visited: 1. United States 3			Date of Departure(M/D/Y): 06/10/2024		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			2 4				End Date of Coverage (M/D/Y):		
				Primary Applicant's Passport, SSN. or Driver's License #: AE5773733					
If you require your Fulfillment Kit to be				Please provide an E-mail address.					
mailed to you, please check here:				Email is required for extending coverage: mhsmhsp@gmail.com					
2. Select Maximum Limit				3. Select Coverage					
√ \$ 60,000.00			Travel To Exclude US						
\$ 2,000,000.00				✓ Travel To Include US					
(NOTE: \$ 50,000 Maximum Limit 70-79, \$ 12,000 Maximum Lim	nit 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)			ex /F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
Sultan Muhammad Haider	10/21/2000	Male		1.37 x	53 =	72.61 x	-		
							Total (A)	\$ 72.61	
5. Please Select a Deductible	6. Please enter information from Sections 4 and 5								
Deductible Rate Factor Deductible	Rate Factor				Premium Total	(A) from Section	from Section 4: 72.61		
√ \$ 0.00	\$ 100.00			Deductible Rate Factor from Section 5: x 1.25					
\$ \$250.00	0.90					Enter Total H	Enter Total Here: = 90.76		
\$ 1,000.00 0.80 \$ 2,500.00 0.70			Optional Express Mail: US \$25 NON-US \$35						
					тс	TAL AMOUNT	DUE:	\$ 90.76	
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 Security Code (CSC):		
Billing Address: 598 D, Johar Town , Lahore, Punjab, Pakistan, 54782			Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information									
Agent/Broker Name: Gallagher Charitable International Insurance Services				Azimuth Agent ID: 2c37ec8b					
Services				P.O. Box 2860, Greenville , South Carolina					
Phone: 1-800-922-8438 -or- 803-758-1400 Fax: 803-252-1988				Email: gcbenefits@ajg.com					
I hereby apply for membership in the Beacon/ Axis Serie certain Underwriters at Lloyd's. I understand that the insusudden and unexpected event while traveling outside meetification Requirement and otherrestrictions and exclus online and will not be effective unless such transaction is cummary of benefits and that I may obtain a complete copy at Lloyd's, as underwriter of the plan, is solely liable fortl approved, non-admitted insurer in all states of the United S not be made against any state guaranty fund. I understand of the Applicant. If signed by a representative of the Ap Applicant, the undersigned warrants his/her capacity to so authority of the signer to so actand bind the Applicant.	urance applied y Home Cour ions. I unders confirmed in w y of the Master he coverage a states except II d and agree th plicant, the ur	I for is ntry. I tand the riting by Policy and beat the indersig	not a gunderst at if I a y Azimu upon refits pand Kerinsuran ned wa	general healthir and this insura am eligible for a uth Risk Solution request to Azim rovided under attucky where th the agent/broke arrantshis/her of	asurance policy ance contains an extension o ons. I understai uth Risk Soluti this insurance ey are admitte r, if any, assista apacity to so	y, but is intended a Pre-existing of this insurance of this insurance of this insurance ons. I understanded d. As such, claing with this A act. If signed	ded for use in Condition extention contain and 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 in Underwriters operates as an insurancemay representative or proxy of the	
SignatureX:			Date (M/D/Y):						