## The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application										
Last Name: CORDERO				First Name: RAFAEL MI:						
Complete MailingAddress for correspondence: 14609 CROSSTON BAY ORLANDO, Florida Postal Code: 32824 United States				Country of Citizenship: United States				Start Date of Coverage (M/D/Y): 02/07/2024		
Daytime Telephone: 4079073589				Countries to be visited: 1. Venezuela 3				Date of Departure(M/D/Y):		
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): 03/05/2024						
				Primary Applicant's Passport, SSN, or Driver's License #: A02856098						
If you require your Fulfillment Kit to be				Please provide an E-mail address. Email is required for extending coverage: rafaelamerico@hotmail.com						
mailed to you, please check here:										
2. Select Maximum Limit \$ 60,000.00 √ \$ 110,000.00 \$ 550,000.00 \$ 1,100,000.00 \$ 2,000,000.00				3. Select Coverage          Image: Travel To Exclude US         Image: Travel To Include US						
(NOTE: \$ 50,000 Maximum Limit 70-79, \$	Travel To Include US									
4. Please list names of all persons to be (Last Name, First Name, MI)		Date of Birth M/D/Y		ex /F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
CORDERO RAFAEL		07/10/1958	Male		4.69 x	28 =	131.32 x	-	= 131.32	
Arraez Silvia		03/08/1961	Female	<u>;</u>	3.96 x	28 =	110.88 x			
								Total (/	A) \$242.20	
5. Please Select a Deductible					6. Please enter information from Sections 4 and 5					
Deductible Rate Factor	uctible Rate Factor Deductible Rate Factor			Premium Total (A) from Section 4: 242.20						
✓     \$ 0.00     1.25	\$ 100.00	1.10		Deductible Rate Facto			tor from Section	from Section 5: x 1.25		
\$ 250.00 1.00	\$ 500.00	0.90	)	Enter Total Here: = 302.75						
\$ 1,000.00 0.80 \$ 2,500.00 0.70			Optional Express Mail: US \$25 NON-US \$35 +							
				TOTAL AMOUNT DUE: \$302.75						
7. Payment Method  Cheque/Money Order  Visa Card  American Express Card  Credit Card Number :				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. [Expiration Date: [Card Security Code (CSC):						
Billing Address : 1546 grassland ave, Saint Cloud, United States, 34771				Name as it appears on card:				Signature:		
8. Agent/Broker Information										
Agent/Broker Name: ARS Default					Azimuth Agent ID: azimuth					
Company Name & Address: Azimuth Risk Solutions				8520 Allison Pointe Blvd.,Suite 220 Indianapolis , Indiana						
Phone: 888-201-8850 Fax: 888-201-8851 or 317-423-9620				Email: service@azimuthrisk.com Website:						
I hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Member(s) by 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 of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre certification Requirement and otherrestrictions and exclusions. I understand that if I am eligible for an extension of this insurance, it may only be transacted online and will not be effective unless such transaction is confirmed in writing by Azimuth Risk Solutions. I understand that the theinformation contained herein is a summary of benefits and that I may obtain a complete copy of the Master Policy upon request to Azimuth Risk Solutions. I understand that Certain Underwriters at Lloyd's, as underwriter of the plan, is solely liable forthe coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurancemay not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrantshis/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so actand bind the Applicant.										
SignatureX:				Date (M/D/Y):						
THE BEACON SERIES 3										