The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application											
Last Name: Alvarez			First Name: Christian				MI: A	MI: A			
Complete MailingAddress for correspondence: 225. S.Vermillion Ave Brownsville, Texas Postal Code: 78521 United States			Country of Citizenship: Mexico				Start Date of Coverage (M/D/Y): 04/14/2024				
Daytime Telephone: 00525550802111			Countries to be visited: 1. Dominican Republic 3				Date of Departure(M/D/Y): 04/14/2024				
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): 04/20/2024				
				Primary Applicant's Passport, SSN, or Driver's License #: G33975058							
If you require your Fulfillment Kit to be			Please provide an E-mail address. Email is required for extending coverage: salcedal@state.gov								
mailed to you, please check here:											
2. Select Maximum Limit			3. Select Coverage								
√ \$ 60,000.00 ↓ \$ 110,000.00 ↓ \$ 1,100,000.00			↓ Travel To Exclude US								
\$ 2,000,000.00 Travel To Include US (NOTE: \$ 50,000 Maximum Limit 70-79, \$ 12,000 Maximum Limit 80+) Travel To Include US											
(101L. \$ 30,000 Maximum Linit 7073, \$ 12,000 Maximum	Linit 00+)							Optic	onal		
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y		ex //F	Daily Rate	Numb Da		Premium Sub Total	Spo Rider 1.	orts Enter	Premium Total	
Alvarez Christian A	01/12/1982	Male		1.65 x		7 =	11.55 x	т	1.00 =	11.55 © 11.55	
Total (A) \$ 11.55 5. Please Select a Deductible 6. Please enter information from Sections 4 and 5											
	D / 5		0.1100								
Deductible Rate Factor Deductible	Rate Fac	ctor	Deductible Rate Factor					from Section 4: 11.55 from Section 5: x 1.25			
\$ 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 +								
							AL AMOUNT			\$ 14.44	
7. Payment Method Cheque/Money Order Visa Card Master 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 card company. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American								
American Express Card Discover Card				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 Securi	Card Security Code (CSC):			
Billing Address :			Name as it appears on card:				Signature:	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: 888-201-88	Fax: 888-201-8850 Fax: 888-201-8851 or 317-423-9620		Email: service@azimuthrisk.com				Website:	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 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 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 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. If signed as guardian or proxy 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):								