The Beacon Series Application

1 Places wint levibly Complete CECTIONS 1 7 cm	d sian the annlication								
 Please print legibly. Complete SECTIONS 1 - 7 and Last Name: 	u sign the application		First No	me.		MI:			
Last Name: Complete MailingAddress for correspondence:			First Name: Country of Citizenship:			Start Date of	Start Date of Coverage (M/D/Y):		
Daytime Telephone:			Countries to be visited:				Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			End Date of Coverage (M/D/Y):						
				Applicant's Pas Driver's License					
If you require your Fulfillment Kit to be				provide an E-ma	il address. ending coverage				
mailed to you, please check here:									
2. Select Maximum Limit			3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550,0	00.00			Travel To Excl	ude US				
	Limit 00 . \		ш	Travel To Inclu	ide US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 M	mum Limit 80+)						Optional		
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	Sports Rider Enter 1.3	Premium Total	
В									
С									
D									
E							Total (A)	\$	
5. Please Select a Deductible			6. Plea	se enter inform	ation from Sect	ions 4 and 5			
Deductible Rate Factor Deductible				Premium Total (A) from Section 4:					
105	00.00 1.10			Deductible Rate Factor from Section 5: x					
\$ \$250.00	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: \$						
			A !!		1 : 110			-	
7. Payment Method			orders	payable to A	zimuth Risk So	. dollars. Pleas lutions. If payin	g by creditcar	d, I authorize	
Cheque/Money Order			Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the totalamount due as specified on the						
Orieque/Moriey Order	_					by credit card is any. I understar			
Visa Card	Visa Card Master Card American Express Card Discover Card			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 the					
American Express Card									
Credit Card Number :				on Date:	or the account		y Code (CSC):		
Billing Address :			Name a	s it appears on	card:	Signature:			
				1 15 - 25 - 411		3			
8. Agent/Broker Information				A	2444				
Agent/Broker Name: Carine Saules				Azimuth Agent ID: 74d64441					
Company Name & Address: Insurance Services of America, Inc.				6825 Hendry Dr., Lake Worth , Florida					
Phone: 203 948 6688 Fax:			Email:	carjusaules@ya	hoo.com	Website:			
I hereby apply for membership in the Beacon/ Acertain Underwriters at Lloyd's. I understand that sudden and unexpected event while traveling or certification Requirement and otherrestrictions are online and will not be effective unless such transassummary of benefits and that I may obtain a compact Lloyd's, as underwriter of the plan, is solely if approved, non-admitted insurer in all states of the not be made against any state guaranty fund. I use of the Applicant. If signed by a representative of Applicant, the undersigned warrants his/her capact authority of the signer to so actand bind the Applicant.	t the insurance applied utside my Home Coun de exclusions. I underst uction is confirmed in wrolete copy of the Master lable forthe coverage a United States except III moderstand and agree that the Applicant, the uncity to so act. By accept.	for is and the riting by Policy and be linois a at the indersign.	not a gundershat if I a ay Azimi y upon i nefits pand Kerinsuran	peneral healthi and this insur am eligible for uth Risk Solution request to Azi rovided under attucky where the ce agent/broke arrantshis/her of	nsurance policy ance contains an extension cons. I understa nuth Risk Soluti this insurance ney are admitte er, if any, assis- capacity to so	/, but is intended a Pre-existing of this insurance and that theinform ons. I understand it is such, claiting with this Apact. If signed a pre-existing with this Apact. If signed a pre-existing with this act.	ed for use in a Condition except, it may only mation contain that Certain that Lloyd's owns under this oplication is a guardian o	the event of a clusion, a Pre- be transacted herein is a n Underwriters perates as an insurancemay representative r 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

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit	\$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

^{*\$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: sevice@azimuthrisk.com Website: www.azimuthrisk.com