The Beacon Series Application

1 Please print legibly Complete SECTIONS 1 7 on	d sign the application								
Please print legibly. Complete SECTIONS 1 - 7 and last Name:	u sign the application		Firet No	me.		MI:			
Last Name: Complete MailingAddress for correspondence:			First Name: Country of Citizenship:			Start Date o	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.			Duine	Applicantle Dec	an anh	End Date of	Coverage (M/D)/Y):	
			SSN, or	Applicant's Pas Driver's License	e #:				
If you require your Fulfillment Kit to be			Please provide an E-mail address. Email is required for extending coverage:						
mailed to you, please check here:									
2. Select Maximum Limit \$\int \\$ \\$ \\$ 60,000.00 \$\int \\$ \\$ 110,000.00 \$\int \\$ \\$ 550,000.00			3. Select Coverage Travel To Exclude US						
\$ 1,100,000.00 \$ 2,000,000.00			Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maxin 4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth		ex I/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A							1.0		
B C									
D									
E							Tet-1 / ^ \	Φ.	
							Total (A)	Φ	
5. Please Select a Deductible			6. Plea	se enter inform	nation from Sect	tions 4 and 5			
Deductible Rate Factor Deductible	Rate Fact	or			Premium Total (A) from Section 4:				
\$ 0.00	00.00 1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00 \$ 50	0.90		Enter Total Here:			ere: =	_ = _		
\$ 1,000.00 0.80 \$ 2,	500.00 0.70		Optional Express Mail: US \$25 NON-US \$35 +						
					TC	TAL AMOUNT	DUE: \$		
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 :				on Date:	0		ty Code (CSC):		
Billing Address :				Name as it appears on card:		Signature:	Signature:		
8. Agent/Broker Information									
Agent/Broker Name: Dung Dan Du			Azimuth	Agent ID: 76a	0966f				
Company Name & Address: insurance services				2036 Nottingham Pl., Allen , Texas					
Phone: 2149095878 Fax:			Email:	dungmarketing@	yahoo.com	Website:			
I hereby apply for membership in the Beacon/ A certain Underwriters at Lloyd's. I understand that sudden and unexpected event while traveling o certification Requirement and otherrestrictions an online and will not be effective unless such transa summary of benefits and that I may obtain a compat Lloyd's, as underwriter of the plan, is solely liapproved, non-admitted insurer in all states of the not be made against any state guaranty fund. I un of the Applicant. If signed by a representative of Applicant, the undersigned warrants his/her capacauthority of the signer to so actand bind the Applicant.	the insurance applied utside my Home Coun dexclusions. I underst uction is confirmed in wrolete copy of the Master able forthe coverage a United States except III derstand 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 indersig	not a gunderst at if I a by Azimu pon refits pand Kerinsuran ped wa	peneral healthi and this insur um eligible for uth Risk Solution equest to Azion rovided under tucky where the ce agent/broke urrantshis/her of	nsurance policy ance contains an extension cons. I understa nuth Risk Soluti this insurance ney are admitte er, if any, assista capacity to so	y, but is intend a Pre-existing of this insurance and that theinfor ions. I understand d. As such, clauding with this A act. If signed	ed for use in Condition exce, it may only mation contain and that Certain that Lloyd's o ims under this pplication is a as guardian o	the event of a clusion, a Pre- be transacted herein is a clusion is a 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

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