## **The Beacon Series Application**

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the	ne application								
Last Name: Complete MailingAddress for correspondence:			First Name: Country of				MI: Start Date of		
			Citizenship:			Coverage (	Coverage (M/D/Y):		
Daytime Telephone: Note: The primary insured will be Beneficiary for spouse & dependent children			Countries to be visited:				Date of Departure(M/D/Y):		
on this Application, if not otherwise indicated.		liuren	End Date of Coverage ( M/D/Y): Primary Applicant's Passport,						
If you require your Eulfillment Kit to be				Driver's License					
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			3. Select Coverage						
☐ \$ 60,000.00			Travel To Exclude US						
(NOTE: \$50,000 Maximum Limit 70,70, \$10,000 Maximum Limit 70,70,70,70,70,70,70,70,70,70,70,70,70,7	-:+ 00.)			Travel To Inclu	ue 05				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum Lin	nit 80+)	1					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	
A									
B C									
D									
E							Total (A)	¢	
							10tal (A)	Ψ	
5. Please Select a Deductible			6. Please enter information from Sections 4 and 5						
Deductible Rate Factor Deductible	Rate Fac	tor		Premium Total (A) f			on 4:		
\$ 0.00 1.25 \$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
\$ 250.00 1.00 \$ 500.00	0.90		Enter Total Here:						
<b>1,000.00 0.80 \$ 2,500.00</b>	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
					тс	TAL AMOUNT	DUE: \$		
7. Payment Method			All pa	yments must b payable to Az	e made in U.S vimuth Risk So	. dollars. Pleas	se make check	s and money	
			Azimu	th Risk Solutio or Discover ca	ns to debit my	Visa card, Ma	sterĆard, Ame	rican Express	
Cheque/Money Order			Applic	ation. Coverag	e purchased b	by credit card	is subject to v	alidation and	
Visa Card Ma	ster Card		effecti	acceptance by the credit cardcompany. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American					
	0		Expre	sscards, the C nt number. C	SC is a 4 dig	it number prin	ited on the fro	nt above the	
American Express Card Dis	cover Card		thesig	nature panel o	n the back of t	he card immed	diately following	g the account	
Credit Card Number :			number, or a portion of the account numb Expiration Date:				Card Security Code (CSC):		
							Signature:		
Billing Address :			Name as it appears on card: Signature:						
8. Agent/Broker Information									
Agent/Broker Name: Donald Budde			Azimuth Agent ID: 80e902bf						
Company Name & Address: Budde Benefits			16 Riverside Ave. Amityville , New York						
Phone: 631-598-3680 Fax: 631-598-3682	Fax: 631-598-3682		Email: dungaroo@aol.com Websi				site:		
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 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 insurancemany 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, 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):

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## **BEACON SERIES RATES**

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

## **BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)**

\*\$50,000 Maximum Limit \*\*\$12,000 Maximum Limit

## **BEACON INTERNATIONAL RATES- (Travel outside the US)**

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH	\$2,000,000 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: <u>sevice@azimuthrisk.com</u> Website: <u>www.azimuthrisk.com</u>

Rates are shown in US dollars and are Effective 10/03/2022. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.