The Beacon Series Application

1. Please print legibly. Complete SECTION	S 1 - 7 and sign th	e application								
Last Name:				First Name: MI:						
Complete MailingAddress for correspondence:				Country of			Start Date of	Start Date of		
· · · · · · · · · · · · · · · · · · ·				Citizenship:			,	Coverage (M/D/Y):		
Daytime Telephone:				-				Date of Departure(M/D/Y):		
Note: The primary insured will be Benefic on this Application, if not otherwise indica		dependent ch		End Date of Coverage (M/D/Y):					0/Y):	
on the representation, in not out of more manage				Primary Applicant's Passport, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					orovide an E-ma					
				Email is required for extending coverage:						
mailed to you, please check here:										
2. Select Maximum Limit				3. Sele	ct Coverage					
	7				•					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			ш	Travel To Exc	lude US				
\$ 1,100,000.00 \$ 2,000,000.00)				Travel To Incli	ude US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12.	000 Maximum Lim	si+ 90 . \		_						
1101L. \$30,000 Maximum Emile 70-79, \$12,	,000 Maximum Lin	111 00+)						Optional		
4. Please list names of all persons to be In	sured.	Date of Birth	Se		Daily	Number of	Premium	Sports	Premium	
(Last Name, First Name, MI)		M/D/Y	M	/F	Rate	Days	Sub Total	Rider Enter 1.3	Total	
A								1.3		
В										
C										
D										
E										
								Total (A)	\$	
5. Please Select a Deductible				6. Plea	se enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor D	Deductible	Rate Fac	tor			Premium Total	(A) from Section	on 4:		
				Fremulii Total (A) Holli Section 4.						
\$ 0.00	\$ 100.00	1.10			Ded	luctible Rate Fac	ctor from Section	on 5: x		
C 250.00 1.00		0.90		Enter Total Here: =						
\$ 250.00	\$ 500.00	0.90					Litter rotarr	=		
\$ 1,000.00 0.80	\$ 2.500.00	0.70		Ontions	al Express Mai	I: US \$25	□ NON-US	¢35 +		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 2,500.00			Орион	ai Express intai			,		
						TC	OTAL AMOUNT	DUE: \$		
				All pay	ments must k	oe made in U.S	6. dollars. Pleas	se make check	s and monev	
7. Payment Method				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						
Cheque/Money Order			Application. Coverage purchased by credit card is subject to validation and							
Visa Card Master Card				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						
American Express Card	Disc	cover Card		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:			ity Code (CSC):		
Dilling Address .				Na:	a lt au		0:			
Billing Address :				Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: Maria Karlsson				Azimuth	Agent ID: 81a	a5af0				
Agone Dionol Ivalino. Ivialia Naliosoff				Azimuth Agent ID: 81aa5af0						
Company Name & Address: Superyacht Insurance Group				101 NE 3rd Avenue, Suite 1500 Ft. Lauderdale , Florida						
Phone: 754-234-4325				Email: info@syig.co Website: www.syig.co						
Filolie. 734-234-4323	ax. 954-525-0755			Liliali. I	illo@sylg.co		website. w	ww.syig.co		
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-existing Condition exclusion, a Pre-existing Condition exclusion 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 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. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act and bind the Applicant ratifies the authority of the signer to so actand bind the Applicant.										
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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