The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 a	and sign the a	pplication								
Last Name:				First Name: MI:						
Complete MailingAddress for correspondence:				Country of			Start Date of			
Doubling Telephone				Citizenship:				Coverage (M/D/Y):		
Daytime Telephone: Nate: The primary incured will be Repoliciary for spaces & dependent children				Countries to be visited: Date of Departure(M/D/Y): End Date of Coverage (M/D			/V)·			
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				Primarv	Applicant's Pas	ssport.	Lifu Date of	Coverage (W/D	71).	
				SSN, or	Driver's Licens	e #:				
If you require your Fulfillment Kit to be					provide an E-ma					
mailed to you, please check here:				Email is required for extending coverage:						
, , ,										
2. Select Maximum Limit				3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550	0,000.00				Travel To Exc	lude US				
П										
\$ 1,100,000.00\$ 2,000,000.00				Ш	Travel To Incli	ude US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Ma	ximum Limit 8	0+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Da	ite of Birth M/D/Y	Se M		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A								1.0		
В										
С										
D E										
								Total (A)	\$	
								. 3 (4 (7 1)	·	
5. Please Select a Deductible				6. Plea	se enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor Deductib	ble	Rate Fact	tor	Premium Total (A) from Section 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: =						
\$ 1,000.00 0.80 \$	2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
						TC	OTAL AMOUNT	DUE: \$		
						be made in U.S				
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						
Cheque/Money Order				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						
☐ Visa Card	Master Card									
American Express Card	Discove	ar 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						
7 Allohodii Express Card		o di d		the signature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :					on Date:	or the account		ity Code (CSC):		
Billing Address :				Name a	s it appears on	card:	Signature:			
O Agont/Drokov Information										
8. Agent/Broker Information Agent/Broker Name: Raymond Manzi				Azimuth	Agent ID: 950	995d6				
,				Azimuth Agent ID: 85a995d6						
Company Name & Address: Manzi Insurance				215 Main Street South Woodbury , Connecticut						
Phone: 203-263-8881 Fax: 203	Fax: 203-263-8886			Email: rmanzi@manziins.com Website: http://www.manziins.com/				ns.com/		
I hereby apply for membership in the Beacon/certain Underwriters at Lloyd's. I understand the sudden and unexpected event while traveling certification Requirement and otherrestrictions online and will not be effective unless such transummary of benefits and that I may obtain a cor at Lloyd's, as underwriter of the plan, is solely approved, non-admitted insurer in all states of the other made against any state guaranty fund. I of the Applicant. If signed by a representative Applicant, the undersigned warrants his/her cap authority of the signer to so actand bind the Applicant.	nat the insural outside my and exclusion is consaction is consupplete copy of liable forthe the United State understand a gof the Application of t	nce applied Home Cour is. I underst if the Master coverage a tes except II and agree the cant, the ur	for is ntry. I utand the riting by and ber allinois a lat the indersign	not a gunderst at if I a y Azimu upon refits pund Kerinsuran ned wa	peneral healthi and this insurum eligible for uth Risk Soluti equest to Azi rovided under tucky where to ce agent/brok urrantshis/her	insurance policy rance contains an extension cons. I understa muth Risk Solut this insurance hey are admitte er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurand that theinfo ions. I understand d. As such, clating with this A act. If signed	ded for use in the condition except it may only reaction contain and that Certain that Lloyd's outlines under this upplication is a las guardian of	the event of a clusion, a Pre- be transacted led 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

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