## **The Beacon Series Application**

1 Places print legibly Complete SECTIONS 1	7 and sign th	a annlication									
1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application  Last Name: First Name:						rst Name: MI:					
Last Name: Complete MailingAddress for correspondence:				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):			
<b>Note:</b> 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 required for ext	iil address. ending coverage	:				
mailed to you, please check here:											
2. Select Maximum Limit				3. Sele	ct Coverage						
\$ \$60,000.00\$ \$110,000.00\$ \$	550,000.00				Travel To Excl	ude US					
\$ 1,100,000.00 \$ 2,000,000.00					Travel To Inclu	ıde US					
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 I	Maximum Lin	nit 80+)									
4. Please list names of all persons to be Insured (Last Name, First Name, MI)		Date of Birth M/D/Y	Se M		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total		
A								1.3			
В											
C D											
Е											
								Total (A)	\$		
5. Please Select a Deductible				6. Please enter information from Sections 4 and 5							
Deductible Rate Factor Deduc	Deductible Rate Factor			Premium Total (A) from Section 4:							
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x							
\$ 250.00	\$ 500.00	0.90		Enter Total Here: =							
\$ 1,000.00	\$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +							
						тс	TAL AMOUNT I	DUE: \$			
7. Payment Method  Cheque/Money Order  Visa Card  Master 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:	or the account		ty Code (CSC):			
Billing Address :				Name as it appears on card: Signature:							
8. Agent/Broker Information											
_				Azimuth Agent ID: 90b420e9							
Company Name & Address: The Infiitus Group				4913 S. Jackson Rd., Edinburgh , Texas							
hone: 956-352-9550 Fax: 956-781-6866			Email: ron@theinfinitusgroup.com Website:								
I hereby apply for membership in the Beacc certain Underwriters at Lloyd's. I understand sudden and unexpected event while travelin certification Requirement and otherrestriction online and will not be effective unless such transmary of benefits and that I may obtain a cat Lloyd's, as underwriter of the plan, is solapproved, non-admitted insurer in all states on to be made against any state guaranty fund of the Applicant. If signed by a representati Applicant, the undersigned warrants his/her cauthority of the signer to so actand bind the A	that the insing outside rus and exclusion ansaction is complete copely liable for fithe United. I understarve of the Apacity to so	curance applied from Home Countressions. I understate confirmed in writing of the Master Fithe coverage an States except Illing and agree that pplicant, the understand the states of th	for is ry. I not the ting by Policy and being nois at the dersig	not a gunderst at if I a y Azimu upon r nefits p and Ker insuran ned wa	peneral healthing and this insurum eligible for uth Risk Solution request to Azim rovided under attucky where the ce agent/broke trantshis/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	y, but is intended a Pre-existing of this insurance and that theinform ions. I understand d. As such, claiting with this Apact. If signed a	ed for use in Condition exce, it may only mation contain that Certain that Lloyd's o ims under this oplication is a as guardian o	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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

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

<b>Maximum Limit</b>	\$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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

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