## **The Beacon Series Application**

1. Please print legibly. Complete SE	CTIONS 1 - 7 and sign th	ne application											
Last Name:				First Na	ime:			MI:					
				Country of Citizenship:					Start Date of Coverage (M/D/Y):				
Daytime Telephone:					es to be visited:			Date of Depa					
Note: The primary insured will be		dependent ch	ildren					End Date of	Cover	age ( M/D	)/Y):		
on this Application, if not otherwise indicated.				Primary Applicant's Passport, SSN, or 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:							oronago.						
2. Select Maximum Limit \$ 60,000.00 \$ \$ 110,000 \$ \$ 1,100,000.00 \$ \$ 2,000	.00 🗌 \$ 550,000.00			3. Sele	ct Coverage Travel To Excl Travel To Inclu								
(NOTE: \$50,000 Maximum Limit 70-7	79, \$12,000 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		ex I/F	Daily Rate			Premium Sub Total	Optional Sports Rider Enter 1.3		Premium Total		
AB													
C													
D													
E													
										Total (A)	\$		
5. Please Select a Deductible				6. Plea	se enter inform	nation fro	om Sectio	ons 4 and 5					
Deductible Rate Facto	or Deductible	Rate Fac	ctor			Premiu	m Total (	A) from Sectio	n 4:				
\$ 0.00 1.25	\$ 100.00	1.10		Deductible Rate Factor			or from Sectio	from Section 5: x					
\$ 250.00 1.00	\$ 500.00	0.90						Enter Total He	ere:	x			
\$ 1,000.00	\$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +									
							тот	TAL AMOUNT [	DUE:	\$			
7. Payment Method  Cheque/Money Order  Visa 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 card company. 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 :				Expirati	on Date:			Card Securit	ty Cod	e (CSC):			
Billing Address :				Name as it appears on card: Signature:									
8. Agent/Broker Information													
Agent/Broker Name: Joseph Tyson W	/ilkins IV			Azimuth	Agent ID: 91ed	d4f2b							
Company Name & Address: Insuranc	e Services of America, Inc			618 Ma	gnolia St., Ste. 8	8, Madisc	on , Missis	ssippi					
Phone: 205-718-1240 Fax: 205-767-1234			Email: twilkins@legacylifebenefits.com Website: www.insurancesolutionspartners.com					ners.com					
I hereby apply for membership in certain Underwriters at Lloyd's. I sudden and unexpected event w certification Requirement and oth online and will not be effective un	understand that the ins hile traveling outside r errestrictions and exclu	surance applied my Home Cou sions. I unders	d for is intry. I stand th	not a g underst nat if I a	eneral healthin and this insur- am eligible for	nsuranc ance co an exte	e policy, ontains a nsion of	, but is intende a Pre-existing this insurance	ed fo Cond e, it n	r use in t dition exc nay only	the event of a clusion, a Pre- be transacted		

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 Loyd'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 insurance 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. 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):

## **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.