The Beacon Series Application

| | | IONS 1 - 7 and sign th | ne application | | | | | l.e. | | | |
|---|--|--|--|--|--|--|--|--|---|---|--|
| Last Name: Pedroza Bermudez | | | | | First Name: Daniela Guadalupe | | | MI: | | | |
| Complete MailingAddress for correspondence: Paseo de la Reforma no.265 Col. Cuauhtemoc CDMX, Distrito Federal Postal Code: 06500 Mexico | | | | | Country of Citizenship: Mexico | | | | Start Date of Coverage (M/D/Y): 03/10/2024 | | |
| Daytime Telephone: 525550802000 | | | | | Countries to be visited: 1. United States 3 | | | | Date of Departure(M/D/Y): | | |
| Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated. | | | | | 2 4 | | | 03/10/2024 End Date of 03/16/2024 | End Date of Coverage (M/D/Y): | | |
| | | | | | Primary Applicant's Passport, | | | | | | |
| If you require your Fulfillment Kit to be | | | | | SSN, or Driver's License #: N02080696 Please provide an E-mail address. | | | | | | |
| mailed to you, please check here: | | | | | | Email is required for extending coverage: almazane@state.gov | | | | | |
| 2. Select Maximum Limit | | | | | | 3. Select Coverage | | | | | |
| √ \$ 60,000.00 | | | | | ☐ Travel To Exclude US | | | | | | |
| \$ 2,000,000.00 | | | | | | √ Travel To Include US | | | | | |
| | | \$ 12,000 Maximum L | imit 80+) | | | | | | | | |
| 4. Please list names of all persons to be Insured. Date of Birth | | | | | ex I/F | Daily Rate | Number of Days | Premium Sub Total | Optional Sports Rider Enter 1.3 | Premium Total | |
| Pedroza Bermudez D | Daniela Guadalupe - | | 12/27/1982 | Female | 9 | 2.70 x | 7 = | 18.90 x | - | = 18.90 | |
| | | | | | | | | | Total (A | \$ 18.90 | |
| 5. Please Select a Deductible 6. Please enter information from Sections 4 and 5 | | | | | | | | | | | |
| Deductible | Rate Factor Deductible Rate Factor | | | ctor | Premium Total (A) from Section 4: 18.90 | | | | | | |
| \$ 0.00 | \$ 0.00 1.25 \$ 100.00 1.10 | | | | Deductible Rate Factor from Section 5: x 1.25 | | | | | | |
| \$ 250.00 | \$ 250.00 1.00 \$ 500.00 0.90 | | | | Enter Total Here: = 23.63 | | | | | | |
| \$1,000.00 0.80 \$2,500.00 0.70 | | | | | Optional Express Mail: US \$25 NON-US \$35 | | | | | | |
| | | | | | | | TC | TAL AMOUNT | DUE: | \$ 23.63 | |
| 7. Payment Method Cheque/Money Order Visa Card Master 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 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 : | | | | | Expiration Date: | | | | Card Security Code (CSC): | | |
| Billing Address: | | | | | Name as it appears on card: | | | Signature: | Signature: | | |
| 8. Agent/Broker Info | rmation | | | | | | | | | | |
| Agent/Broker Name: ARS Default | | | | | Azimuth Agent ID: azimuth | | | | | | |
| Company Name & Address: Azimuth Risk Solutions | | | | | 8520 Allison Pointe Blvd., Suite 220 Indianapolis , Indiana | | | | | | |
| Phone: 888-201-8850 Fax: 888-201-8851 or 317-423-9620 | | | | | Email: service@azimuthrisk.com Website: | | | | | | |
| certain Underwriter sudden and unexp certification Requir online and will not summary of benefit at Lloyd's, as unde approved, non-adm not be made again of the Applicant. If | rs at Lloyd's. I un- pected event whili- eement and othern- be effective unless ts and that I may cerwriter of the pla- nitted insurer in all ist any state guara f signed by a rep- ersigned warrants | ne Beacon/ Axis Ser derstand that the inset traveling outside restrictions and excluses such transaction is obtain a complete copen, is solely liable for states of the United intry fund. I understar resentative of the A his/her capacity to so and the Applicant. | surance applied my Home Cou isions. I unders confirmed in v py of the Maste rithe coverage States except and and agree the pplicant, the u | d for is untry. I stand the vriting be Policy and be Illinois a hat the undersigned. | not a quantification of the land and land land land land land land | general healthir tand this insuration this insuration eligible for uth Risk Solution request to Azim provided under intucky where those agent/brokearrantshis/her control the second second in the sec | nsurance policy ance contains an extension cons. I understa auth Risk Soluti this insurance ey are admitte or, if any, assista pacity to so | /, but is intend a Pre-existing of this insurand and that theinfo ons. I understand d. As such, cla ting with this A act. If signed | ded for use in condition exe, it may only read on the conta and that Certa that Lloyd's aims under thi pplication is a s guardian | I the event of a xclusion, a Pre y be transacted ined herein is a ain Underwriters operates as an s insurancemay a representative or proxy of the | |
| SignatureX: | | | | | Date (M/D/Y): | | | | | | |