The Beacon Series Application

| 1. Please print legibly. Complete SECTIO | ONS 1 - 7 and sign th | e application | | | | | | | | |
|---|---|---|---|--|--|--|---|---|---|--|
| Last Name: | | | | irst Name: | : | | MI: | | | |
| Complete MailingAddress for correspondence: | | | | Country of Citizenship: | | | Coverage (N | Start Date of Coverage (M/D/Y): | | |
| Daytime Telephone: Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated. | | | | Countries to be visited: | | | | Date of Departure(M/D/Y): | | |
| | | | | End Date of Coverage (M/D/Y): Primary Applicant's Passport, | | | | | | |
| | | | SS | SN, or Dri | iver's License | e #: | | | | |
| If you require your Fulfillment Kit to be | | | | | vide an E-ma quired for exte | il address. ending coverage |): | | | |
| mailed to you, please check here: | | | | | | | | | | |
| 2. Select Maximum Limit | | | 3. | . Select C | Coverage | | | | | |
| \$ 60,000.00 \$ 110,000.00 | \$ 550,000.00 | | | ☐ Tra | avel To Exclu | ude US | | | | |
| | | | | | | | | | | |
| \$ 1,100,000.00 \$ 2,000,000 | | -:+ 00 \ | | Travel To Include US | | | | | | |
| (NOTE: \$50,000 Maximum Limit 70-79, \$1 | 12,000 Maximum Lin | nit 80+) | | | | | | | | |
| 4. Please list names of all persons to be (Last Name, First Name, MI) | Insured. | Date of Birth M/D/Y | Sex M/F | | Daily Rate | Number of Days | Premium Sub Total | Optional Sports Rider Enter 1.3 | Premium Total | |
| A | | | | | | | | | | |
| B C | | | | | | | | | | |
| D | | | | | | | | | | |
| E | | | | | | | | Total (A) | \$ | |
| | | | | | | | | Total (71) | Ψ | |
| 5. Please Select a Deductible | | | | . Please 6 | | ation from Sect | | - | | |
| Deductible Rate Factor | Deductible | Rate Facto | or — | Premium Total (A) from Section 4: | | | | | | |
| \$ 0.00 | \$ 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 | \$ 2,500.00 | 0.70 | Ol | Optional Express Mail: US \$25 NON-US \$35 + | | | | | | |
| | | | | | | TC | OTAL AMOUNT | DUE: \$ | | |
| 7. Payment Method Cheque/Money Order Visa Card Master Card American Express Card Discover Card | | | o A c A a e E a tt | 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 the signature panel on the back of the card immediately following the account | | | | | | |
| Credit Card Number : | | | | number, o xpiration [| | of the account | | ty Code (CSC): | | |
| Billing Address : | | | Na | ame as it | appears on c | card: | Signature: | | | |
| 0. A | | | | | | | | | | |
| 8. Agent/Broker Information Agent/Broker Name: Michael Gottdank | | | Az | zimuth Aa | ent ID: 970c | c564b | | | | |
| | | | | 24 Lewis Ct East Brunswick , New Jersey | | | | | | |
| | | | | Email: Website: www.equitasbrokeragegroup.com mgottdank@equitasbrokeragegroup.com | | | | | | |
| I hereby apply for membership in the | Pogoon/ Avic Sori | ios Group Insur | | | | | - | Participating | Mambar(s) by | |
| certain Underwriters at Lloyd's. I unde sudden and unexpected event while certification Requirement and otherres online and will not be effective unless summary of benefits and that I may ob at Lloyd's, as underwriter of the plan, approved, non-admitted insurer in all s not be made against any state guaran of the Applicant. If signed by a repre Applicant, the undersigned warrants hi authority of the signer to so actand bine | erstand that the instraveling outside restrictions and exclusuch transaction is stain a complete cop, is solely liable for tates of the United ty fund. I understar esentative of the Alis/her capacity to so | surance applied from Home Counts is ions. I understate confirmed in writing of the Master the coverage ar States except Illing and agree the upplicant, the unc | for is not and that ting by Policy und bene inois and the insdersigne | ot a generation of a generation of the control of t | eral healthir dithis insura eligible for a Risk Solution uest to Azim ided under sky where the agent/broke antshis/her of the shis/her of the ship shis/her of the ship ship ship ship ship ship ship ship | 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 intend a Pre-existing of this insurance nd that theinfortions. I understate. I understanded. As such, cla ting with this A act. If signed | led for use in Condition exitee, it may only rmation contain that Certain that Lloyd's o ims under this pplication is a as guardian o | the event of a clusion, a Pre- be transacted ned herein is a n Underwriters perates as an insurancemay representative r proxy of the | |
| SignatureX: | | | D | ate (N | //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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