The Beacon Series Application

Please print legibly. Complete SECTIONS 1 - 7 and	Leign the application								
Last Name:	i signi tile application	F	First Na	me:		MI:			
Complete MailingAddress for correspondence:			First Name: 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):		
Note: 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				orovide an E-ma required for ext	il address. ending coverage	:			
mailed to you, please check here:									
2. Select Maximum Limit			3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550,00	00.00			Travel To Excl	ude US				
\$ 1,100,000.00 \$ 2,000,000.00			Travel To Include US						
	I ::t 00 \		Ш	Travel To Incit	ide US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maxim	num Limit 80+)						Ontional		
Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y	Se: M/I		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
В									
С									
D									
E							Total (A)	\$	
5. Please Select a Deductible			C Dies		ation from Cook	tions A and E		<u>·</u>	
	B . E .		b. Piea	se enter inform	ation from Sect		- 4		
Deductible Rate Factor Deductible	Rate Facto	or	Premium Total (A) from Section 4: Deductible Rate Factor from Section 5:						
\$ 100	0.00	_	Enter Total Here:						
\$ 250.00	0.00								
\$ 1,000.00 0.80 \$ 2,5	500.00 0.70	(Optional Express Mail: US \$25 NON-US \$35 +						
					TC	TAL AMOUNT I	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card Master 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						
American Express Card	merican Express Card Discover Card			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 number, or a portion of the account number.					
Credit Card Number :		E	Expiration	on Date:		Card Securit	y Code (CSC):		
Billing Address :			Name as it appears on card:		Signature:	Signature:			
8. Agent/Broker Information									
				Azimuth Agent ID: 9ae127ce					
Company Name & Address: Ricardo Lara Insurance				5508 White Oak Cir. Tamarac , Florida					
Phone: 954-303-8861 Fax:		E	Email: ı	ricardol_10@ho	tmail.com	Website:			
I hereby apply for membership in the Beacon/ A certain Underwriters at Lloyd's. I understand that sudden and unexpected event while traveling ou certification Requirement and otherrestrictions and online and will not be effective unless such transac summary of benefits and that I may obtain a comp at Lloyd's, as underwriter of the plan, is solely lie approved, non-admitted insurer in all states of the not be made against any state guaranty fund. I un of the Applicant. If signed by a representative of Applicant, the undersigned warrants his/her capaca authority of the signer to so actand bind the Applica	the insurance applied utside my Home Count dexclusions. I understaction is confirmed in writlete copy of the Master able forthe coverage at United States except Illiderstand and agree that the Applicant, the unity to so act. By accepta	for is r try. I u and tha iting by Policy nd ben inois ar at the ir dersign	not a gunderst at if I a Azimu upon refits pund Kennsuran med wa	eneral healthin and this insurum eligible for uth Risk Solution equest to Azim rovided under trucky where the agent/broke urrantshis/her of	nsurance policy ance contains an extension cons. I understa buth Risk Soluti this insurance are admitte are, 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 the Condition except, it may only mation contain that Certain that Lloyd's owns under this oplication is a cas guardian of	the event of a clusion, a Pre- be transacted herein is a n Underwriters perates as an insurancemay representative r proxy of the	
SignatureX:		l	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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