The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application											
Last Name: JAMOUS			First Name: HANAN				MI:				
Complete MailingAddress for correspondence: 4436 N State Street # B6-3 JACKSON, Mississippi Postal Code: 39206 United States Minor Outlying Islands			Country of Citizenship: Libya				Start Date of Coverage (M/D/Y): 05/25/2024				
Daytime Telephone: 6019811331			Countries to be visited: 1. Germany 3			Date of Departure(M/D/Y): 02/21/2024					
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.			2 4				End Date of Coverage (M/D/Y): 07/25/2024				
				Primary Applicant's Passport, SSN, or Driver's License #: N013290352							
				Please provide an E-mail address. Email is required for extending coverage: maraagency@bellsouth.net							
mailed to you, please check here:											
2. Select Maximum Limit	3. Select Coverage										
✓ \$ 60,000.00 \$ 110,000.00 \$ 550,000.00 \$ 1,100,000.00				✓ Travel To Exclude US							
\$ 2,000,000.00 Travel To Include US											
(NOTE: \$ 50,000 Maximum Limit 70-79, \$ 12,000 Maximum Limit 80+)											
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y			Daily Rate	Number Days		Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total		
JAMOUS HANAN	10/06/1967	Female	÷	2.86 x		62 =	177.32 x	1.00 = Total (A)			
5. Please Select a Deductible Deductible Rate Factor Deductible Rate Factor			Premium Total (A)								
	1.25 🗍 1.10		Deductible Rate Factor								
\$ 0.00 1.23 \$ 100.00 √ \$ 250.00 1.00 \$ 500.00	0.90						inter Total He		= 177.32		
↓ \$ 250.00 ↓ \$ 500.00 ↓ \$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +								
\$1,000.00			TOTAL AMOUNT DUE: \$177.32								
			All payments must be made in U.S. dollars. Please make checks and money								
7. Payment Method Cheque/Money Order Visa Card American Express Card Discover Card				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, or a portion of the account nur Expiration Date:				Card Security Code (CSC):			
Billing Address :							Signature:				
9 Agent/Broker Information											
8. Agent/Broker Information 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:								
I hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Member(s) by certain Underwriters at Lloyd's. I understand that the insurance applied for is not a general healthinsurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-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 Undervriters at Lloyd's, as underwriter of the plan, is solely liable forthe coverage and benefits provided under this insurance. I understand that Lloyd'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 insurancematy 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, the undersigned warrantshis/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):							