The Beacon Series Application

1. Please print legibly. Complete SECTION	NS 1 - 7 and sign th	e application								
Last Name:				First Name: MI:						
Complete MailingAddress for correspondence:							Start Date of	Start Date of		
· · · · · · · · · · · · · · · · · · ·				Citizenship:				Coverage (M/D/Y):		
Daytime Telephone:				-				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):						
on the ripphodulon, it not other most man				Primary Applicant's Passport, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					provide an E-ma					
				Email is required for extending coverage:						
mailed to you, please check here:										
2. Select Maximum Limit				3. Sele	ct Coverage					
					•					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			ш	Travel To Excl	ude US				
\$ 1,100,000.00 \$ 2,000,000.0	00				Travel To Inclu	ude US				
(NOTE: \$50,000 Maximum Limit 70-79, \$1	2 000 Maximum Lim	i+ 90 . \		_						
1101 L. \$30,000 Maximum Emili 70-79, \$1.	2,000 Maximum Lin	iit 60+)						Optional		
4. Please list names of all persons to be I	nsured.	Date of Birth	Se	ex	Daily	Number of	Premium	Sports	Premium	
(Last Name, First Name, MI)		M/D/Y	M	/ F	Rate	Days	Sub Total	Rider Enter	Total	
A								1.3		
В										
C										
D										
E										
								Total (A)	\$	
5. Please Select a Deductible				6. Plea	se enter inforn	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Fac	tor			Premium Total	(A) from Section	on 4·		
Trate ractor	Deductible	riate i ac	101	r Premium Total (A) from Section 4:						
\$ 0.00	\$ 100.00	1.10			Ded	uctible Rate Fac	ctor from Section	on 5: x		
	↓									
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: =						
D \$1,000.00 0.80		0.70								
\$ 1,000.00	\$ 2,500.00	0.70		Option	al Express Mai	l: US \$25	☐ NON-US	\$35 ⁺		
						тс	OTAL AMOUNT	DUE: \$		
				A 11						
						oe made in U.S zimuth Risk So				
7. Payment Method				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						
Cheque/Money Order										
			acceptance by the credit cardcompany. I understand that coverage will not be							
Visa Card	Mas	ster Card		effective if the credit card company denies the charge. Note: On American						
American Express Card	□ Disc	cover Card		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						
American Express Gard		Sover Oard		thesignature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :					er, or a portion on Date:	of the account		ity Code (CSC):		
Credit Card Number .				Lxpiiatii	on Date.		Card Securi	ity Code (CSC).		
Billing Address :				Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: ARS Default				Azimuth	Agent ID: azin	nuth				
Company Name & Address: Azimuth Risk Solutions				8520 Allison Pointe Blvd., Suite 220 Indianapolis , Indiana						
Company Name & Address. Admidth Fish Solutions				5020 Amison Forme Diver, ounce 220 mulanapolis , mulana						
Phone: 888-201-8850	Fax: 888-201-8851	or 317-423-9620	0	Email:	service@azimut	thrisk.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 Underwriters 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 insurancemay 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

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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