The Beacon Series Application

1. Please print legibly. Complete SECTIO	NS 1 - 7 and sign th	e application								
Last Name:				First Na			MI:			
Complete MailingAddress for correspondence:				Country of Citizenship:			- 1011 - 0110 0	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, SSN, or Driver's License #:						
If you require your Fulfillment Kit to be					provide an E-ma	ail address. tending coverage				
mailed to you, please check here:				LIIIaii is	required for ext	ending coverage	•			
2. Select Maximum Limit				2 Cala	ct Coverage					
				3. Sele	ŭ					
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00				☐ Travel To Exclude US						
\$ 1,100,000.00 \$ 2,000,000.	00			Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$1	2,000 Maximum Lim	nit 80+)								
4. Please list names of all persons to be (Last Name, First Name, MI)	Insured.	Date of Birth M/D/Y	Se M		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A										
B C										
D										
E								_		
								Total (A)	\$	
5. Please Select a Deductible				6. Plea	se enter inform	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Facto	r	Premium Total (A) from Section 4:						
\$ 0.00	\$ 100.00	1.10	,	Deductible Rate Factor from Section 5:						
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: =						
\$ 1,000.00	\$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
						тс	TAL AMOUNT	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card Master 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 the signature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :				Expirati	on Date:		Card Securi	ty Code (CSC):		
Billing Address :				Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information										
5				Azimuth Agent ID: b34c8f29						
Company Name & Address: insurance services				855 Maude Ave, Mountain View , California						
Phone: 6504504888	Fax:			Email:	vinita@vinitafina	ancial.com	Website:			
I hereby apply for membership in the 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 obtat Lloyd's, as underwriter of the plan, approved, non-admitted insurer in all st not be made against any state guarant of the Applicant. If signed by a repre Applicant, the undersigned warrants his authority of the signer to so actand bind	rstand that the ins traveling outside n trictions and exclusuch transaction is an a complete cop is solely liable for ates of the United ty fund. I understan sentative of the Aps/her capacity to so	urance applied finy Home Countresions. I understa confirmed in writer of the Master Fithe coverage and States except Illing and agree that oplicant, the understand the state of the coverage and the states of the	or is ry. I und the ing by Policy of bernois at the ilersign	not a gunderst at if I a y Azimu upon refits pand Kerinsuran ned wa	peneral healthing and this insurant this insurant Risk Solution of the request to Azim rovided under thucky where the ce agent/broke arrantshis/her of the same of the realth and the same of the same	nsurance polici ance contains an extension cons. I understa this insurance they are admitte er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurand that theinfolions. I understand d. As such, clating with this A act. If signed	led for use in Condition exite, it may only rmation contain that Certain that Lloyd's o times 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:				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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