The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1	- 7 and sign th	ne application								
Last Name:				First Name: MI: Country of Start Date of						
Complete MailingAddress for correspondence:				Country of Citizenship:			- 101.1 - 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):		
				Drimary	Applicant's Pas	enort	End Date of	Coverage (M/E)/Y):	
					Driver's License					
If you require your Fulfillment Kit to be					provide an E-ma	il address. ending coverage	٠.			
mailed to you, please check here:				LIIIaii is	required for ext	ending coverage	·			
2. Select Maximum Limit				o Cala	at Cavanana					
				3. Select Coverage						
\$ 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, \$12,00	0 Maximum Lin	nit 80+)								
4. Please list names of all persons to be Insul (Last Name, First Name, MI)	red.	Date of Birth M/D/Y		ex I/F	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	ation from Sec	tions 4 and 5			
Deductible Rate Factor Ded	luctible	Rate Facto	Premium Total (A) from Section 4:							
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5:						
\$ 250.00	\$ 500.00	0.90		Enter Total Here:						
\$ 1,000.00	\$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
						тс	OTAL AMOUNT	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card Master Card American Express 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 thesignature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :					on Date:	01 1110 40004111		ty Code (CSC):		
Billing Address :				Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Information Agent/Broker Name: Yunil Xu				Azimuth	Agent ID: b7fa	7315				
Company Name & Address: insurance services				116 Catspaw, Irvine , California						
Phone: 9499981196 Fax:			Email: Irisworksinla@gmail.com Website:							
I hereby apply for membership in the Bea certain Underwriters at Lloyd's. I understain sudden and unexpected event while trave certification Requirement and otherrestrictionline and will not be effective unless such summary of benefits and that I may obtain a at Lloyd's, as underwriter of the plan, is a approved, non-admitted insurer in all states not be made against any state guaranty fur of the Applicant. If signed by a represent Applicant, the undersigned warrants his/her authority of the signer to so actand bind the	nd that the inspling outside rons and exclutransaction is a complete copolely liable for of the United not. I understar ative of the Arcapacity to so	surance applied my Home Count sions. I understa confirmed in writing of the Master the coverage at States except Illind and agree the pplicant, the understanding the understa	for is try. I and the iting be Policy and be inois at the dersig	not a gunderst at if I a by Azimu pon r nefits pand Ker insuran ped wa	peneral healthing and this insurum eligible for uth Risk Solution request to Azim rovided under attucky where the ce agent/broke trantshis/her of	nsurance policy ance contains an extension cons. I understa nuth Risk Solut this insurance ney are admitte er, if any, assis capacity to so	y, but is intended a Pre-existing of this insurance and that theinfolions. I understated. 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 hed 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

AZIMUTH RISK SOLUTIONS 8520 Allison Pointe Blvd., Suite #220 Indianapolis, Indiana 46250 Phone: 1-317-644-6291 / 1-888-201-8850

Fax: 1-317-423-9620 / 1-888-201-8851

Email: sevice@azimuthrisk.com Website: www.azimuthrisk.com