The Beacon Series Application

1 Places wint legibly Complete SECTIONS 1 7 and	aine the application								
Please print legibly. Complete SECTIONS 1 - 7 and l ast Name:	sign the application	Firet N	lame:		MI:				
Last Name: Complete MailingAddress for correspondence:			First Name: Country of Citizenship:			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):						
			ry Applicant's Pas or Driver's Licens						
If you require your Fulfillment Kit to be			e provide an E-ma is required for ex		2.				
mailed to you, please check here:									
2. Select Maximum Limit		3. Se	lect Coverage						
\$ 60,000.00 \$ 110,000.00 \$ 550,00	0.00		Travel To Excl	ude US					
			1						
\$ 1,100,000.00 \$ 2,000,000.00	1 :: 1 00 \		☐ Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maxim	ium Limit 80+)					Optional			
Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Sports Rider Enter 1.3	Premium Total		
В									
С									
D E									
						Total (A)	\$		
5. Please Select a Deductible		6. Ple	ase enter inforn	nation from Sec	tions 4 and 5				
Deductible Rate Factor Deductible				Premium Total (A) from Section 4:					
□ \$ 0.00 1.25 □ \$ 100	1.10		Deductible Rate Factor from Section 5: x						
\$ \$250.00	0.90		Enter Total Here: =						
\$ 1,000.00 0.80 \$ 2,5	0.70	Optio	Optional Express Mail: US \$25 NON-US \$35 +						
		Optio	TOTAL AMOUNT DUE: \$						
		A II		1 : 110			-		
7. Payment Method		orde	rs payable to A	zimuth Risk So	. dollars. Pleas lutions. If payin	g by creditcar	d, I authorize		
Cheque/Money Order			Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the totalamount due as specified on the						
	_				oy credit card i any. I understar				
Visa Card	Master Card	effec	tive if the cred	it card compan	ly denies the c	harge. Note:	Ŏn American		
American Express Card Discover 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 the signature panel on the back of the card immediately following the account number, or a portion of the account number.						
Credit Card Number :			tion Date:	or the account		y Code (CSC):			
Billing Address :		Name	as it appears on	card:	Signature:				
					3				
8. Agent/Broker Information				101.0					
Agent/Broker Name: Red Helm Insurance Ltd	Azimu	Azimuth Agent ID: c6318fe6							
Company Name & Address: Red Helm Insurance Ltd			300-116 Albert Street Ottawa, Ontario						
Phone: 6137046160 Fax:		Email:	sperron@redhe	lm.com	Website: htt	ps://redhelm.ca			
I hereby apply for membership in the Beacon/ Accertain 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 transact summary of benefits and that I may obtain a complat Lloyd's, as underwriter of the plan, is solely lia approved, non-admitted insurer in all states of the lambda of the Applicant. If signed by a representative of Applicant, the undersigned warrants his/her capaci authority of the signer to so actand bind the Application.	the insurance applied for tiside my Home Country dexclusions. I understart tion is confirmed in writiete copy of the Master Pable forthe coverage and United States except Illin derstand and agree that the Applicant, the underty to so act. By acceptar	or is not a y. I unders of that if I and that if I and the color of the color of the color of the color of the insuration of the insuratio	general healthistand this insuram eligible for hith Risk Solution request to Azin provided under entucky where the agent/broke/arrantshis/her	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 theinforions. 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 guardian of	the event of a clusion, a Pre- be transacted led herein is a n Underwriters perates as an insurancemay representative r proxy of the		
SignatureX:		Date	e (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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