## **The Beacon Series Application**

1 Places print legibly Complete SECTIONS 1 7 and sign	n the application							
Please print legibly. Complete SECTIONS 1 - 7 and signals and Name:    ast Name:	п ше аррисацоп	Firet M	ame.		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.			A 1' 11 D		End Date of	Coverage ( M/D	)/Y):	
			y Applicant's Pas or Driver's Licens					
If you require your Fulfillment Kit to be			Please provide an E-mail address. Email is required for extending coverage:					
mailed to you, please check here:								
2. Select Maximum Limit		3. Sel	ect Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00	)		Travel To Excl	ude US				
			Travel To Inclu	ıda IIC				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum	Limit 90.		Travel To Incit	ide 05				
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter	Premium Total	
A						1.3		
В								
C D								
E								
						Total (A)	\$	
5. Please Select a Deductible		6. Ple	ase enter inform	nation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible	Rate Factor		Premium Total (A) from Section 4:					
\$ 0.00 1.25 \$ 100.00	1.10		Deductible Rate Factor from Section 5: x					
\$ 250.00	0.90		Enter Total Here: =					
\$ 1,000.00 0.80 \$ 2,500.0	0.70	Optional Express Mail: US \$25 NON-US \$35 +						
				тс	TAL 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 :			tion Date:	or the decedin		ty Code (CSC):		
Billing Address :		Name	as it appears on	card:	Signature:			
8. Agent/Broker Information								
Agent/Broker Name: Riku Sano		Azimu	th Agent ID: c8d	364f5				
Company Name & Address: insurance services			1 134 6 Kariyacho, Ushiku , Hokkaido					
Phone: 430 288 9116 Fax:		Email:	ryugakuconnect	@gmail.com	Website:			
I hereby apply for membership in the Beacon/ Axis Scertain Underwriters at Lloyd's. I understand that the sudden and unexpected event while traveling outsid certification Requirement and otherrestrictions and exonline and will not be effective unless such transactior summary of benefits and that I may obtain a complete at Lloyd's, as underwriter of the plan, is solely liable approved, non-admitted insurer in all states of the Unit not be made against any state guaranty fund. I unders of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to authority of the signer to so actand bind the Applicant.	insurance applied for e my Home Country clusions. I understand is confirmed in writin copy of the Master Pot forthe coverage and ed States except Illince stand and agree that the Applicant, the under the Applicant, the under the the Applicant the the Applicant the the Applicant the the Applicant the the Applicant the the the the the the the the	is not a I unders I that if I g by Azim licy upon benefits is and Ke he insura	general healthistand this insuram eligible for nuth Risk Solutirequest to Azin provided under ntucky where the agent/brokearrantshis/her	nsurance polici ance contains an extension cons. I understa this insurance they are admitte er, if any, assis capacity to so	y, but is intend a Pre-existing of this insurance and that theinfor ions. I understand d. As such, claiting with this A act. If signed	ed for use in Condition exce, it may only mation contain and that Certain that Lloyd's o ims under this pplication is a as guardian o	the event of a clusion, a Pre- be transacted 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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

## **BEACON INTERNATIONAL RATES- (Travel outside the US)**

<b>Maximum Limit</b>	\$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

<sup>\*\$50,000</sup> Maximum Limit \*\*\$12,000 Maximum Limit

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