The Beacon Series Application

1 Places wint legibly Complete SECTIONS 1 3	7 and along th	a annliantian								
1. Please print legibly. Complete SECTIONS 1 - 7	and sign tr	e application	E	iret Na	me.		MI:			
Last Name: Complete MailingAddress for correspondence:				First Name: Country of Citizenship:			Start Date o	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):	
					Applicant's Pas Driver's License					
If you require your Fulfillment Kit to be					orovide an E-ma	il address. ending coverage	1.			
mailed to you, please check here:										
2. Select Maximum Limit			3	3. Sele	ct Coverage					
\$ 60,000.00 \$ 110,000.00 \$ 5	50,000.00			Travel To Exclude US						
	•									
	lassinassuma Lim	-i+ 90 · \		Ш	Travel To Inclu	ide US				
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 M	iaximum Lin	nit 80+)						Optional		
4. Please list names of all persons to be Insured (Last Name, First Name, MI)	l .	Date of Birth M/D/Y	Sex M/F		Daily Rate	Number of Days	Premium Sub Total	Sports Rider Enter 1.3	Premium Total	
A										
С										
D										
E								Total (A)	\$	
5. Please Select a Deductible			6	6. Pleas	se enter inform	ation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible Rate Factor				6. Please enter information from Sections 4 and 5 Premium Total (A) from Section 4:						
	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
	\$ 500.00	0.90		Enter Total Here: =						
\$1,000.00	\$ 2,500.00	0.70	0	Optional Express Mail: US \$25 NON-US \$35 +						
	\$ 2,300.00			Optional Express Mail: US \$25 NON-US \$35						
7. Payment Method				orders	payable to Az	zimuth Risk So	dollars. Pleas lutions. If payir	ng by creditcar	d, I authorize	
Cheque/Money Order				Azimuth Aisk 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						
visa Gard	Visa Card Master Card			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						
American Express Card Discover Card			t	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 :			E:	xpiration	on Date:		Card Securi	ty Code (CSC):		
Billing Address :			N	lame a	s it appears on o	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: Vinay Kumar Tiwari			A	zimuth	Agent ID: cdc8	Bb5db				
Company Name & Address: insurance services				5630 Harveston Way , Sacramento , California						
Phone: 9252160436 Fax:			E	mail: \	vinaytek@yahoo	o.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 Precertification 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:			D	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