The Beacon Series Application

1. Please print legibly. Complete	SECTIONS 1 - 7 and sign th	e application								
Last Name:		e application		Circt No.			MI:			
				First Na				t.		
Complete MailingAddress for correspondence:				Country of Citizenship:				Start Date of Coverage (M/D/Y):		
Daytime Telephone:				Countries to be visited:			v (Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children								End Date of Coverage (M/D/Y):		
on this Application, if not otherwise indicated.			liaren	Primary Applicant's Passport,						
					Driver's License					
If you require your Fulfillment Kit to	be			Please provide an E-mail address.						
	_				required for ext):			
mailed to you, please check here:										
2. Select Maximum Limit	000.00 🗌 \$ 550,000.00			3. Sele	ct Coverage Travel To Excl	ude US				
□ \$ 1,100,000.00 □ \$ 2,	000,000.00				Travel To Inclu	de US				
(NOTE: \$50,000 Maximum Limit		nit 80+)								
	10-13, ¢12,000 maximum Em	int 00+)						Ontional		
4. Please list names of all person (Last Name, First Name, MI)	ns to be Insured.	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										
В										
С										
D										
E										
								Total (A) \$	
5. Please Select a Deductible				6 Plea	se enter inform	ation from Sec	tions 4 and 5			
5. Flease Select a Deductible				U. Fied	se enter inform					
Deductible Rate Fa	ctor Deductible	Rate Fac	tor			Premium Total	(A) from Sectio	on 4:		
□ ¢ o oo 1.25		1.10			Dod	uctible Pate Ea	ctor from Sectio	on 5: x		
\$ 0.00	\$ 100.00	1.10			Deal		stor from Sectio	лгэ: х		
1.00		0.90					Enter Total H	ere: =		
\$ 250.00	\$ 500.00	0.90					Enter Total H	ere: =		
\$ 1,000.00) \$ 2.500.00	0.70		Option	al Express Mail	: US \$25	NON-US	\$35 +		
	\$ 2,000.00			option				·		
						тс	DTAL AMOUNT	DUE: \$		
7. Payment Method Cheque/Money Order Visa Card American Express Card		ster Card cover Card		orders Azimu card, Applic accep effecti Expres accou	payable to Az th Risk Solutio or Discover ca ation. Coverag tance by the cr ve if the credi sscards, the C nt number. C	timuth Risk So ns to debit my rd account for pe purchased I redit cardcomp t card compan (SC is a 4 dig on all other of	. dollars. Pleas lutions. If payin Visa card, Mas the totalamou by credit card any. I understa y denies the c it number prin cards, it is a he card immec	ng by creditca sterCard, Ame int due as sp is subject to ind that covera charge. Note: ted on the fir 3 digit valu	rd, I authorize erican Express ecified on the validation and age will not be On American ont above the e printed on	
					er, or a portion			nately followin	ig the account	
Credit Card Number :					on Date:			ty Code (CSC):		
Billing Address :				Name a	s it appears on o	card:	Signature:			
8. Agent/Broker Information				Amirecott	Arent Direct	400.0				
Agent/Broker Name: Mendel Lusti	gman			Azımutr	Agent ID: ce4a	1188a				
Company Name & Address: insurance services				5314 16th Ave,#110 Brooklyn , New York						
Phone: 7186331512 Fax:				Email: mendy@mnsinsurance.com Website:						
I hereby apply for membershi certain Underwriters at Lloyd's sudden and unexpected even certification Requirement and online and will not be effective summary of benefits and that I at Lloyd's, as underwriter of tl approved, non-admitted insure	p in the Beacon/ Axis Seri . I understand that the ins t while traveling outside n otherrestrictions and exclus unless such transaction is may obtain a complete cop ne plan, is solely liable for r in all states of the United	urance applied ny Home Cou sions. I unders confirmed in w by of the Maste the coverage States except I	d for is ntry. I stand th riting b er Policy and be Illinois a	Trust (A not a g underst nat if I a by Azimu y upon r nefits p and Ker	Anguilla), and i leneral healthir and this insura im eligible for uth Risk Solutic equest to Azin rovided under tucky where th	for the insuran surance polic ance contains an extension c ons. I understa nuth Risk Solut this insurance ley are admitte	ce provided to y, but is intend a Pre-existing of this insuranc nd that theinfor ions. I understand d. As such, cla	led for use in Condition ex e, it may only mation contai and that Certa that Lloyd's d ims under this	the event of a cclusion, a Pre- be transacted ned herein is a in Underwriters operates as an insurancemay	
not be made against any state of the Applicant. If signed by Applicant, the undersigned way	a representative of the Ap	oplicant, the u	ndersig	ined wa	rrantshis/her o	apacity to so	act. If signed	as guardian o	or proxy of the	

authority of the signer to so actand bind the Applicant. ice of coverage

SignatureX:

Date (M/D/Y):

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BEACON SERIES RATES

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

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

*\$50,000 Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH	\$2,000,000 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: <u>sevice@azimuthrisk.com</u> Website: <u>www.azimuthrisk.com</u>

Rates are shown in US dollars and are Effective 10/03/2022. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.