The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the	ne application								
			First Name:			MI:			
Complete MailingAddress for correspondence:			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):						
			Primary Applicant's Passport, SSN, or Driver's License #:						
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. 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 Inclu	de US				
(NOTE: \$50.000 Maximum Limit 70-79, \$12,000 Maximum Lin	nit 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y		ex /F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A									
B									
D									
E							Total (A	\ 0	
							TOLAT (A) Þ	
5. Please Select a Deductible			6. Plea	se enter inform	ation from Sec	tions 4 and 5			
Deductible Rate Factor Deductible	Rate Fact	or	Premium Total (A) from Section 4:						
\$ 0.00 1.25 \$ 100.00	1.10		Deductible Rate Factor from Section 5: x						
\$ \$250.00 1.00 \$ \$500.00	0.90		Enter Total Here: =						
\$ 1,000.00 0.80 \$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 *						
					тс	OTAL AMOUNT	DUE: \$		
7. Payment Method 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 card company. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American									
American Express Card Discover Card account numb thesignature pa					esscards, the CSC is a 4 digit number printed on the front above the unt number. On all other cards, it is a 3 digit value printed on gnature panel on the back of the card immediately following the account ber, or a portion of the account number.				
Credit Card Number :			Expiration Date:			Card Securi	Card Security Code (CSC):		
Billing Address :			Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information									
			Azimuth Agent ID: ceea1f3b						
Company Name & Address: insurance services			4910 North Monroe,Apt C306 Tallahassee , Florida						
Phone: 352 593 1087 Fax:	:		Email: johnsonr2009@gmail.com			Website:	Website:		
I hereby apply for membership in the Beacon/ Axis Ser certain Underwriters at Lloyd's. I understand that the ins sudden and unexpected event while traveling outside r certification Requirement and otherrestrictions and exclu online and will not be effective unless such transaction is summary of benefits and that I may obtain a complete cop at Lloyd's, as underwriter of the plan, is solely liable for approved, non-admitted insurer in all states of the United not be made against any state guaranty fund. I understar of the Applicant. If signed by a representative of the A Applicant, the undersigned warrants his/her capacity to so authority of the signer to so actand bind the Applicant.	surance applied ny Home Coun sions. I underst confirmed in wr by of the Master the coverage a States except III ad and agree tha pplicant, the un	for is and the riting b Policy and be linois a at the indersig	not a g understa lat if I a y Azimu v upon r nefits p and Ken insurand ned wa	eneral healthir and this insura m eligible for the Risk Solution equest to Azim rovided under tucky where the ce agent/broke rrantshis/her of	nsurance polic ance contains an extension cons. I understa buth Risk Solut this insurance ley are admitte er, if any, assis capacity to so	y, but is intend a Pre-existing of this insuranc nd that theinfor ions. I understa . I understand d. As such, cla ting with this A act. If signed	led for use in Condition en e, it may only rmation conta that corta that Lloyd's ims under this pplication is a as guardian	the event of a kclusion, a Pre y be transacted ined herein is a in Underwriters operates as an s insurancemay i representative or proxy of the	

SignatureX:

Date (M/D/Y):

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.