## **The Beacon Series Application**

1. Please print legibly. Complete SECTIONS 1	- 7 and sign th	ne application							
Last Name:				First Name: MI:					
Complete MailingAddress for correspondence:				Country of			Start Date of		
Doutime Telephone:			Citizenship:				Coverage (M/D/Y):		
Daytime Telephone:  Note: The primary incured will be Reneficiary for spause & dependent children				Countries to be visited:  Date of Departure(M/D/Y):				/V)·	
<b>Note:</b> 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,					
					Driver's Licens provide an E-ma				
				Email is required for extending coverage:					
O Calant Manifestory Limits				0.0-1-	-1 0				
2. Select Maximum Limit				3. Sele	ct Coverage				
\$ 60,000.00 \$ 110,000.00 \$ 550,000.00			Travel To Exclude US						
\$ 1,100,000.00 \$ 2,000,000.00			Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000	Maximum Lin	nit 80+)							
4. Please list names of all persons to be Insure (Last Name, First Name, MI)	ed.	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								1.0	
В									
C									
D E									
								Total (A)	\$
5. Please Select a Deductible				6. Plea	se enter inforn	nation from Sec	tions 4 and 5		
Deductible Rate Factor Dedu	Deductible Rate Factor			Premium Total (A) from Section 4:					
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x					
\$ 250.00	\$ 500.00	0.90		Enter Total Here: =					
\$ 1,000.00 0.80 <b></b>	\$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +					
						т	TAL AMOUNT	DUE: \$	
7. Payment Method  Cheque/Money Order  Visa Card  Master 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						
American Express Card	Discover Card			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 :					on Date:			ity Code (CSC):	
Billing Address :				Name a	s it appears on	card:	Signature:		
8. Agent/Broker Information									
				Azimuth Agent ID: cf0f9fe9					
Company Name & Address: insurance services				128 Garden St, Farmington , Connecticut					
Phone: 8606770553 Fax:				Email:	ctnt13@yahoo.d	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 Pre-certification 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:			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

<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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