The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application											
Last Name: SANCHEZ MOLINA					First Name: ROMER OMAR				MI:		
Complete MailingAddress for correspondence: Av.Principal de la Machiri #10 San Cristobal, Tachira Postal Code: 5001 Venezuela				Country of Citizenship: Venezuela				Start Date of Coverage (M/D/Y): 02/29/2024			
Daytime Telephone: +584247736647				Countries to be visited:				Date of Departure(M/D/Y): 02/28/2024			
Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				1. Spain 3. Italy 2. France 4				End Date of Coverage (M/D/Y): 03/20/2024			
					Primary Applicant's Passport,						
If you require your Fulfillment Kit to be					SSN, or Driver's License #: 163489889 Please provide an E-mail address.						
mailed to you, please check here:					Email is required for extending coverage: oriana_yusbeth@hotmail.com						
2. Select Maximum Limit	3. Select Coverage										
✓ \$ 60,000.00					✓ Excluir Viajes Para EE.UU.						
\$ 2,000,000.00					Viajes para incl	uir EE.UU.					
(NOTE: \$ 50,000 Maximum Limit 70-79,	\$ 12,000 Maximum Li	imit 80+)									
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)		Date of Birth M/D/Y	h Sex M/F		Daily Rate	Number o Days		remium ub Total	Optional Sports Rider Enter 1.3	Premium Total	
SANCHEZ MOLINA ROMER OMAR		05/16/1984	Male		1.00 x	2	21 =	21.00 x	1.00 =	21.00	
SANCHEZ CARRERO ORIANA YUSBETH		10/27/1993			1.00 x		21 =	21.00 x	1.00 =		
SANCHEZ SANCHEZ THIAGO		03/04/2020	Male		0.77 x	2	21 =	16.17 x	1.00 = Total (A)		
5. Please Select a Deductible Deductible Rate Factor Deductible Rate Factor					6. Please enter information from Sections 4 and 5 Premium Total (A) from Section 4: 58.17						
Deductible Rate Factor	Deductible	1.10		Deductible Rate Facto				-			
\$ 0.00	√ \$ 100.00	0.90						Enter Total Here: = 63.99			
5 250.00	\$ 500.00	0.70						NON-US \$35 +			
\$ 1,000.00	\$ 2,500.00	\$ 2,500.00									
7. Payment Method Cheque/Money Order Visa 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 :					Expiration Date:				Card Security Code (CSC):		
Billing Address : Av.Principal de la Machiri #10, San Cristobal, Tachira, Venezuela,				Name as it appears on card:				Signature:			
5001											
8. Agent/Broker Information Agent/Broker Name: Elite International E Gelves				Azimuth Agent ID: 59a3abd5							
Company Name & Address: Elite International Consultant				13595 SW 134 AV.,Suite 202 Miami , Florida							
Phone: 305-378-5210 Fax: 305-378-5210				Email: info@seguroselite.com Website: http://www.seguroelite.com						pelite.com	
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 Certain Underwriters at Lloyd's, 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. 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):							

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