## **The Beacon Series Application**

1 Please print legibly Complete SECTIONS 1 - 7 and sign	the application								
Please print legibly. Complete SECTIONS 1 - 7 and sign the application     Last Name: Charles				First Name: Rony MI:					
Complete MailingAddress for correspondence: PO Box 15151 Petition-Ville, Ouest Postal Code: A12 Haiti				·			Start Date of Coverage (M/D/Y): 02/12/2024		
Daytime Telephone: 5166690728								eparture(M/D/Y):	
<b>Note:</b> The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				2 4 End Date of Coverage ( M/D/Y):					
				SSN, or Driver's License #: R10290072					
				Please provide an E-mail address. Email is required for extending coverage: rwilliams@azimuthrisk.com					
mailed to you, please check here:									
2. Select Maximum Limit			3. Select Coverage						
☐ \$ 60,000.00 ☐ \$ 110,000.00 ☐ \$ 1,100,000.00				√ Travel To Exclude US					
\$ 2,000,000.00 Travel To Include US  (NOTE: \$ 50,000 Maximum Limit 70-79, \$ 12,000 Maximum Limit 80+)									
4. Please list names of all persons to be Insured. (Last Name, First Name, MI)	Date of Birth M/D/Y	Sex M/F		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
Charles Rony		Male		3.33 x	7 =	23.31 x	1.00 =	23.31	
Charles Stacie	09/10/2021	Female		0.93 x	7 =	6.51 x	1.00 = Total (A)	6.51 \$ 29.82	
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: 29.82					
\$ 0.00 1.25 \$ 100.00	1.10	-	Deductible Rate Factor from Section 5: x 1						
✓ \$ 250.00 1.00	0.90		Enter Total Here: = 29.82						
\$1,000.00 0.80 \$2,500.0	0.70		Optional Express Mail: US \$25 NON-US \$35						
					то	TAL AMOUNT	DUE:	\$ 29.82	
7. Payment Method  Cheque/Money Order  Visa Card  Master 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:							Card Security Code (CSC):		
Billing Address:				Name as it appears on card: Signature:					
8. Agent/Broker Information									
Agent/Broker Name: Robert Williams				Azimuth Agent ID: 2af1e391					
Company Name & Address: Azimuth Risk Solutions				8520 Allison Pointe Blvd.,Suite 220 Indianapolis , Indiana					
hone: 3176446291 Fax:				Email: robwil@gmail.com Website:					
I hereby apply for membership in the Beacon/ Axis Scertain Underwriters at Lloyd's. I understand that the sudden and unexpected event while traveling outside certification Requirement and otherrestrictions and exonline and will not be effective unless such transaction summary of benefits and that I may obtain a complete at Lloyd's, as underwriter of the plan, is solely liable approved, non-admitted insurer in all states of the Unite not be made against any state guaranty fund. I unders of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to authority of the signer to so actand bind the Applicant.	insurance applied a my Home Cour clusions. I underst is confirmed in will copy of the Master forthe coverage a ed States except II tand and agree th Applicant, the ur	I for is not in the stand that the triting by a reposition of the stand beneat the indersion of the standard the st	not a geometric and a grant if I and Azimut upon re efits prond Kentinsuranced war	eneral healthin nd this insura n eligible for a ch Risk Solutio equest to Azim ovided under ucky where the e agent/broke rantshis/her c	surance policy ance contains an extension o ns. I understar uth Risk Soluti this insurance. ey are admitted r, if any, assist apacity to so	/, but is intend a Pre-existing f this insurance nd that theinfor ons. I understate. I understand d. As such, clating with this A act. If signed	led for use in to Condition excuse, it may only limation contain and that Certain that Lloyd's or ims under this ipplication is a ras guardian or	he event of a lusion, a Pre- pe transacted ed herein is a Underwriters perates as an nsurancemay epresentative proxy of the	
SignatureX:			Date (M/D/Y):						