The Beacon Series Application

		IONS 1 - 7 and sign th	ne application			15511111					
Last Name: CARRILLO ESCALERA Complete MailingAddress for correspondence: PO BOX 9000 BROWNSVILLE.					First Name: ADRIANA Country of			MI: I	MI: I Start Date of		
Texas Postal Code: 78520 United States					Citizenship: Mexico				Coverage (M/D/Y):		
Daytime Telephone: 525550802770					Countries to be visited:			Date of Dep	Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children					1. United States 3 2 4			04/13/2024 End Date of	04/13/2024 End Date of Coverage (M/D/Y):		
on this Application, if not otherwise indicated.									4/18/2024		
						SSN, or Driver's License #: G26379729					
If you require your Fulfillment Kit to be mailed to you, please check here:					Please provide an E-mail address. Email is required for extending coverage: jimenezc@state.gov						
2. Select Maximum Limit						3. Select Coverage					
√ \$60,000.00 □ \$110,000.00 □ \$550,000.00 □ \$1,100,000.00					Travel To Exclude US						
\$ 2,000,000.	00					Travel To Inclu	de US				
(NOTE: \$ 50,000 Max	ximum Limit 70-79,	\$ 12,000 Maximum L	imit 80+)								
4. Please list names of all persons to be Insured. (Last Name, First Name, MI) 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	
CARRILLO ESCALE	RA ADRIANA I		09/27/1985	Female	9	1.81 x	6 =	10.86 x	1.00 =		
									Total (A	\$ 10.86	
5. Please Select a Deductible						6. Please enter information from Sections 4 and 5					
Deductible	tible Rate Factor Deductible Rate Factor			ctor	Premium Total (A) from Section 4: 10.86						
\$ 0.00	\$ 0.00 1.25 \$ 100.00 1.10				Deductible Rate Factor from Section 5: x 1.25						
\$ 250.00	\$ 250.00 1.00 \$ 500.00 0.90				Enter Total Here: = 13.58						
\$ 1,000.00 0.80 \$ 2,500.00 0.70					Optional Express Mail: US \$25 NON-US \$35						
							тс	TAL AMOUNT	DUE:	\$ 13.58	
7. Payment Method Cheque/Money Order Visa Card Master 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:					Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Info	ormation							·			
Agent/Broker Name: ARS Default					Azimuth Agent ID: azimuth						
Company Name & Address: Azimuth Risk Solutions					8520 Allison Pointe Blvd.,Suite 220 Indianapolis , Indiana						
Phone: 888-201-8850 Fax: 888-201-8851 or 317-423-9620					Email: service@azimuthrisk.com Website:						
certain Underwrite sudden and unext certification Requir online and will not summary of benefi at Lloyd's, as und approved, non-adn not be made again of the Applicant. I	rs at Lloyd's. I unpected event while rement and other be effective unless ts and that I may cerwriter of the planitted insurer in all inst any state guaraf signed by a repersigned warrants	ne Beacon/ Axis Ser derstand that the inse e traveling outside re- estrictions and exclu- s such transaction is obtain a complete cop n, is solely liable for states of the United unty fund. I understan resentative of the A his/her capacity to so nd the Applicant.	surance applied my Home Cou isions. I underst confirmed in v py of the Master the coverage States except and and agree to pplicant, the u	d for is untry. I stand the writing be and be Illinois at the undersign.	not a quantification of the land and land land land land land land	general healthir tand this insuram eligible for uth Risk Solution request to Azim provided under thucky where those agent/brokearrantshis/her of	nsurance policy ance contains an extension cons. I understanuth Risk Solution this insurance they are admitteer, if any, assis- capacity to so	y, but is intended a Pre-existing of this insurand that theinforms. I understand d. As such, clating with this A act. If signed	ded for use in ground to make the condition experience, it may only remation contal and that Lloyd's laims under this application is a signardian	the event of a colusion, a Pre- y be transacted ined herein is a in Underwriters operates as an insurancemay in representative or proxy of the	
SignatureX:					Date (M/D/Y):						