The Beacon Series Application

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application										
Last Name: Beausejour				First Name: Ronald MI:						
Complete MailingAddress for correspondence: Pobox 15151 Petion-Ville, Ouest Postal Code: HT 6140 Haiti				Country of Citizenship: Haiti				Start Date of Coverage (M/D/Y): 04/03/2024		
Daytime Telephone: 50938390810				Countries to be visited:				Date of Departure(M/D/Y):		
Note: The primary insured will be Beneficiary for spouse & dependent children				1. Canada 3 04/03/2024 2 4 End Date of Coverage (M/D/Y):					/\.	
on this Application, if not otherwise indicated.				Primary Applicant's Passport,						
				SSN, or Driver's License #: PP4933409						
If you require your Fulfillment Kit to be					Please provide an E-mail address. Email is required for extending coverage: globalfollowupmail@gmail.com					
mailed to you, please check here:										
2. Select Maximum Limit				3. Select Coverage						
✓ \$ 60,000.00 \$ 550,000.00 \$ 1,100,000.00				I 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			Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter	Premium Total	
Beausejour Ronald		07/09/1980 Male			1.65 x	15 =	24.75 x	1.3 1.00 =	24.75	
					Total (A) \$24.75					
5. Please Select a Deductible 6. Please enter information from Sections 4 and 5										
	4.25			Premium Total (A) from Section 4: 24.75						
5 0.00	√ \$100.00	0.90		Deductible Rate Factor from Section 5: x 1.1 Enter Total Here: = 27.23					= 27.23	
\$250.00	\$ 500.00	0.70								
\$ 1,000.00 0.80 \$ 2,500.00 0.70				Optional Express Mail: US \$25 NON-US \$35						
TOTAL AMOUNT DUE: \$27.23										
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 card company. 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 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: Si			Signature:	Signature:		
8. Agent/Broker Information										
Agent/Broker Name: Ann Martine Paul					Azimuth Agent ID: 9b77e240					
Company Name & Address: Mi Casa Agency				4 Impasse Fleury, Musseou Petion-Ville, Ouest						
Phone: 509-3741-9009	Fax:			Email:	globalfollowupma	il@gmail.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 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 insurance may 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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