## **The Beacon Series Application**

1. Please print legibly. Complete SECTION	IS 1 - 7 and sign th	e application								
Last Name:				First Name: MI: Country of Start Date of				.6		
Complete MailingAddress for correspondence:				Country of Citizenship:			- 10111 - 01110 0	Start Date of Coverage (M/D/Y):		
Daytime Telephone:  Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				Countries to be visited:				Date of Departure(M/D/Y):		
				End Date of Coverage ( M/D/Y):  Primary Applicant's Passport,						
on this Application, if not otherwise indicated.					Driver's License					
If you require your Fulfillment Kit to be					provide an E-ma	ail address. tending coverage	۸۰			
mailed to you, please check here:				Liliali is	required for ext	ending coverage				
2. Select Maximum Limit				2 Cala	ct Coverage					
	_			J. Sele	ŭ					
\$ 60,000.00\$ 110,000.00	\$ 550,000.00			Ш	Travel To Excl	ude 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 Ir (Last Name, First Name, MI)	nsured.	Date of Birth M/D/Y	Se M/		Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
A										
B C										
D										
Е										
								Total (A)	\$	
5. Please Select a Deductible				6. Plea	se enter inform	nation from Sec	tions 4 and 5			
Deductible Rate Factor	Deductible	Rate Factor	r	Premium Total (A) from Section 4:						
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5:						
\$ 250.00	\$ 500.00	0.90		Enter Total Here: =						
\$ 1,000.00	\$ 2,500.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
						тс	TAL AMOUNT	DUE: \$		
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 :				Expirati	on Date:		Card Securi	ty Code (CSC):		
Billing Address :				Name a	s it appears on	card:	Signature:			
8. Agent/Broker Information										
Agent/Broker Name: Nelson Sucre Rivas				Azimuth	Agent ID: ea26	6a666				
Company Name & Address: Nelson Sucre Rivas, Seguros				Av. Jose Maria Vargas, Res. Fountain Blvd. #40 Sector Maturim , Guarico						
Phone: 414-8680960	Fax:			Email: nelsonsucre@hotmail.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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