## **The Beacon Series Application**

1. Please print legibly. Complete SECTIONS 1 - 7 and sign the application									
Last Name: Complete MailingAddress for correspondence:			First Name: Country of				MI: Start Date of		
			Citizenship:			Coverage (	Coverage (M/D/Y):		
Daytime Telephone: Note: The primary insured will be Beneficiary for spouse & dependent children			Countries to be visited: Date of Departure(M/D/Y): End Date of Coverage ( M/D/Y):				)/Y):		
on this Application, if not otherwise indicated.			Primary Applicant's Passport,						
If you require your Fulfillment Kit to be			SSN, or Driver's License #: Please provide an E-mail address.						
mailed to you, please check here:				Email is required for extending coverage:					
2. Select Maximum Limit				3. Select Coverage					
\$ 60,000.00 \$ \$110,000.00 \$ \$550,000.00			Travel To Exclude US						
\$ 1,100,000.00			Travel To Include US						
(NOTE: \$50,000 Maximum Limit 70-79, \$12,000 Maximum Lin	nit 80+)	1				_	0.11		
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	
AB									
C									
D									
E							Total (A)	\$	
5. Please Select a Deductible 6. Please enter information from Sections 4 and 5									
Deductible Rate Factor Deductible	Rate Fac	tor				(A) from Section	on 4:		
	1.10								
			Deductible Rate Factor from Section 5: x						
\$ 250.00	0.90		Enter Total Here: =						
\$ 1,000.00	0.70		Optional Express Mail: US \$25 NON-US \$35 +						
			TOTAL AMOUNT DUE: \$						
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 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 Securi	ty Code (CSC):		
Billing Address :			Name as it appears on card:			Signature:	Signature:		
8. Agent/Broker Information Agent/Broker Name: Orlando Wesley Bell			Azimuth Agent ID: ef2c5d79						
Company Name & Address: Orlando Bell Insurance Agency			1650 Borel Place,Suite 221 San Mateo , California						
Phone: 9253507568 Fax:	Fax:			Email: Website: orlando.obellinsuranceagency@gmail.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 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, the undersigned warrantshis/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrantshis/her capacity to so act. If signed as guardian or proxy of the authority of the signer to so actand bind the Applicant.									

SignatureX:

Date (M/D/Y):

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## **BEACON SERIES RATES**

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

## **BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)**

\*\$50,000 Maximum Limit \*\*\$12,000 Maximum Limit

## **BEACON INTERNATIONAL RATES- (Travel outside the US)**

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH	\$2,000,000 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

\*\$50,000 Maximum Limit \*\*\$12,000 Maximum Limit

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Rates are shown in US dollars and are Effective 10/03/2022. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.