## **The Beacon Series Application**

1. Please print legibly. Complete SECTIO	ONS 1 - 7 and sign the	ne application		Eirot No	ama: IAIBO		NAI.				
Last Name: AGUILAR  Complete MailingAddress for correspondence: 25 OXHEAD RD CENTEREACH,				First Name: JAIRO Country of			MI:	Start Date of			
New York  Postal Code: 11720 United States				Citizenship: United States				Coverage (M/D/Y):			
Daytime Telephone: 6316154156				Countries to be visited:  1. Peru 3			Date of Dep 03/25/2024	Date of Departure(M/D/Y): 03/25/2024			
<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 04/08/2024	End Date of Coverage ( M/D/Y): 04/08/2024			
				Primary Applicant's Passport, SSN, or Driver's License #: 6464220419							
If you require your Fulfillment Kit to be					Please provide an E-mail address. Email is required for extending coverage: JAIROAGUILAR0402@GMAIL.COM						
mailed to you, please check here:				Linaiii	Toquilou for oxio		. 0/11/10/10012/	110102 @ 01111	III.OOW		
2. Select Maximum Limit					3. Select Coverage						
<b>√</b> \$ 60,000.00											
\$ 2,000,000.00					Travel To Inclu	de US					
(NOTE: \$ 50,000 Maximum Limit 70-79, \$	12,000 Maximum L	imit 80+)									
4. Please list names of all persons to be (Last Name, First Name, MI)	Insured.	Date of Birth M/D/Y		ex /F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total		
AGUILAR JAIRO		02/04/1978	Male		1.65 x	15 =	24.75 x	1.00 Total ( <i>A</i>			
5. Please Select a Deductible				6. Plea	se enter inform	ation from Sect	ions 4 and 5	,			
Deductible Rate Factor	Deductible Rate Factor			Premium Total (A) from Section 4: 24.75							
\$ 0.00	√ \$ 100.00 1.10			Deductible Rate Factor from Section 5: x 1.1							
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: = 27.23							
\$ 1,000.00 0.80 \$ 2,500.00 0.70				Optional Express Mail: US \$25 NON-US \$35							
						то	TAL AMOUNT	DUE:	\$ 27.23		
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):			1:				
Billing Address:				Name a	as it appears on c	ard:	Signature:	Signature:			
8. Agent/Broker Information											
Agent/Broker Name: Alonso R. Cornejo				Azimuth Agent ID: 9d57f844							
Company Name & Address: ASA, Inc.				4425 E Agave Rd,Suite 134 Phoenix , Arizona							
Phone: 480-753-1333	Fax: 480-753-1330				insurance@asair @asaincor.com	ncor.com,	Website: ht	Website: http://www.asaincor.com/			
I hereby apply for membership in the certain Underwriters at Lloyd's. I unde sudden and unexpected event while certification Requirement and otherres online and will not be effective unless summary of benefits and that I may ob at Lloyd's, as underwriter of the plan, approved, non-admitted insurer in all s not be made against any state guaran of the Applicant. If signed by a repre Applicant, the undersigned warrants hi authority of the signer to so actand bine	erstand that the instraveling outside is traveling outside is strictions and exclu- such transaction is tain a complete co, is solely liable for tates of the United ty fund. I understal sentative of the A s/her capacity to so	surance applied my Home Coun issions. I underst confirmed in wr py of the Master the coverage a States except Illind and agree the policant, the unpolicant, the unpolicant.	for is and the riting by Policy and believed the linois a at the indersign of the linois and the	not a gundershat if I a y Azimi nefits pand Kerinsuran	general healthir tand this insura am eligible for a the kent of th	asurance policy ance contains an extension cons. I understa uth Risk Soluti this insurance ey are admitte r, if any, assis apacity to so	/, but is intend a Pre-existing of this insurance and that theinfor ons. I understand d. As such, cla ting with this A act. If signed	ed for use in Condition ee, it may onl mation contained that Certa that Lloyd's ims under thi poplication is as guardian	the event of a xclusion, a Pre- y be transacted ained herein is a a in Underwriters operates as an is insurancemay a representative or proxy of the		
SignatureX:				Date	(M/D/Y):						