The Beacon Series Application

1. Please print legibly.	Complete SECTI	ONS 1 - 7 and sign th	ne application	le: .	N = 1		M. B.			
Last Name: Perez					Name: Fernando	MI: R				
Complete MailingAddress for correspondence: 225 S.Vermillion ave Brownsville, Texas Postal Code: 78521 United States					ntry of enship: Mexico		Start Date of Coverage (M/D/Y):			
Daytime Telephone: 00525550802111					ntries to be visited:		Date of Departure(M/D/Y):			
Note: The primary insured will be Beneficiary for spouse & dependent children					2 4		End Date of	End Date of Coverage (M/D/Y):		
on this Application, if not otherwise indicated.					03/02/2024 Primary Applicant's Passport,					
If you require your Fulfillment Kit to be					SSN, or Driver's License #: G16955538 Please provide an E-mail address.					
mailed to you, please che					ail is required for ex		e: salcedal@sta	te.gov		
2. Select Maximum Lin				3. 8	Select Coverage					
√ \$ 60,000.00					✓ Travel To Exclude US					
\$ 2,000,000.00	_	_ , ,		1	Travel To Incli	uda IIS				
(NOTE: \$ 50,000 Maxim	um Limit 70-79,	\$ 12,000 Maximum Li	imit 80+)	'	Haver to mich	ide 00				
4. Please list names of (Last Name, First Name		e Insured.	Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Optional Sports Rider Enter 1.3	Premium Total	
Perez Fernando R			01/06/1977 M	ale	1.65 x	7 =	11.55 x	1.00 = Total (A)		
5. Please Select a Dedu	uatible			6 5	Nogo ontor inform	ation from Coo	tions 4 and E	Total (71)	V 11.33	
Deductible					6. Please enter information from Sections 4 and 5 Premium Total (A) from Section 4: 11.55					
\$ 0.00	1.25	\$ 100.00	1.10		Ded			or from Section 5: x 1.25		
\$ 250.00	1.00	\$ 500.00	0.90		Enter Total Here: = 14.44					
□ \$1,000.00 0.80 □ \$2,500.00 0.70				Op	Optional Express Mail: US \$25 NON-US \$35					
						тс	OTAL AMOUNT	DUE:	\$ 14.44	
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 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 :								ecurity Code (CSC):		
Billing Address:					ne as it appears on	card:	Signature:	Signature:		
8. Agent/Broker Informa	ation									
Agent/Broker Name: ARS Default					Azimuth Agent ID: azimuth					
Company Name & Address: Azimuth Risk Solutions				8520	8520 Allison Pointe Blvd., Suite 220 Indianapolis , Indiana					
Phone: 888-201-8850 Fax: 888-201-8851 or 317-423-9620				Ema	ail: service@azimut	azimuthrisk.com Website:				
I hereby apply for me certain Underwriters a sudden and unexpect certification Requirem online and will not be summary of benefits a at Lloyd's, as underw approved, non-admitte not be made against a of the Applicant. If si Applicant, the undersignathority of the signer	at Lloyd's. I unc ted event while ent and otherre effective unless and that I may o viriter of the plar ed insurer in all any state guara gned by a repr gned warrants h	derstand that the insectaveling outside restrictions and excluses such transaction is btain a complete cope, is solely liable for states of the United inty fund. I understart esentative of the Anis/her capacity to so	surance applied from Home Countressions. I understate confirmed in writing of the Master Fithe coverage an States except Illind and agree that pplicant, the understand in the	or is not y. I under that if ing by Az Policy upod benefit nois and I the insuersigned	a general healthi perstand this insur I am eligible for timuth Risk Solution in request to Azin s provided under Kentucky where the rance agent/brok warrantshis/her	nsurance policiance contains an extension cons. I understanuth Risk Solutithis insurance are admitteer, if any, assiscapacity to so	y, but is intended a Pre-existing of this insurance and that theinfolions. I understated. As such, clating with this A act. If signed	ded for use in Condition expe, it may only rmation contain and that Certain that Lloyd's cuims under this pplication is a as guardian of	the event of a clusion, a Pre- be transacted ned herein is a in Underwriters operates as an insurancemay representative or proxy of the	
SignatureX:					Date (M/D/Y):					