



## GLOBAL MARINER

INTERNATIONAL CREW  
MEDICAL INSURANCE



Coverage Anywhere.  
Value Everywhere.

## WHO IS AZIMUTH RISK SOLUTIONS?

Headquartered in Indianapolis, Indiana, Azimuth Risk Solutions (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry. Azimuth's mission is to provide the finest value combination of product offering, administration and client service available in the international health, travel and life insurance market.

If it is important to you to do business with an organization that is committed to service excellence, ethical conduct and philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Managing Agency for our insurer, certain underwriters at Lloyd's, London and the Scheme Administrator for the Global Mariner plan.

## SUPERYACHT INSURANCE GROUP

Superyacht Insurance Group is a full-service Marine Insurance brokerage firm, established in 2002. We offer insurance for all of the yacht's insurance needs, with the focus on global Crew Medical insurance and Yacht Insurance.

We also provide a wide range of additional crew insurance policies, including; Travel Insurance, Life Insurance, Disability Income Protection and Personal Accident plans.

Superyacht Insurance Group's VIP client service is our competitive advantage. Our mission is to build long-term relationships with you, by offering professional advice and personalized service. We are working for you and are always happy to assist.

## WHO IS LLOYD'S LONDON?

The preeminent name in international insurance is Lloyd's, London. The largest, oldest, and most respected in the insurance market is the insurer on all of Azimuth's plans. You will have the security of knowing that you are working with an insurer which has paid every valid claim presented for more than 325 years. Lloyd's is 'A' rated by AM Best and Standard & Poor's for their superior ability to pay claims.

## EXTREME SPORTS RIDER

Do you have some down time while in port? With that down time, do you plan to take part in extreme adventurous activities? Consider adding the Extreme Sports Rider to your Global Mariner plan. Extreme recreational activities from four different elements include: Earth, Water, Wind, and Snow. The Optional Extreme Sports Rider provides up to \$50,000 of coverage for eligible activities. The Accidental Death & Dismemberment benefit does not apply when you are engaged in sports and/or hazardous activities.

## OPTIONAL DENTAL RIDER

Azimuth wants to make you smile and the optional dental rider can help keep that smile looking great. By selecting this optional benefit plan, you can protect yourself from high dental cost.

## WHY GLOBAL MARINER?

- Financial Security from Lloyd's, London
- Designed Exclusively for Captains and Crew
- Worldwide Coverage
- On and Off Board Vessel Coverage
- Primary to P&I, Work Related Accidents/ Injuries Covered
- One Low Rate for All
- No Co-Insurance Outside US
- Direct Payment to Provider
- PHCS MultiPlan Network in the US

This insurance is Primary to P&I (this insurance is Primary to the vessels Protection and Indemnity Insurance (P&I)).



## SCHEDULE OF BENEFITS\*

<b>Maximum Limit</b>	\$500,000, \$1,000,000 Maximum Limit
<b>Deductibles</b>	\$500, \$1,000, \$2,500 Participating Member per Coverage Period
<b>Family Deductible</b>	Maximum of 3 Deductibles per Family per Coverage Period
<b>Coverage Area</b>	Area 1- Worldwide Including U.S. & Canada ; Area 2- Worldwide Excluding U.S. & Canada
<b>Coinsurance – Claims incurred inside US or Canada</b>	After the Deductible the Plan will pay 80% of the next \$5,000 of Eligible Medical Expenses, then 100% to the Maximum Limit. Coinsurance will be waived if Eligible Medical Expenses are incurred within the Preferred Provider Organization Network
<b>Coinsurance – Claims incurred outside US or Canada</b>	After the Deductible the Plan will pay 100% of Eligible Medical Expenses to the Maximum Limit
<b>Pre-notification Penalty</b>	50% Eligible Medical Expenses
<b>Pre-existing Condition</b>	\$10,000 Sub-Limit per Coverage Period, \$50,000 Maximum Sub-Limit, After 364 days of continuous coverage

### INPATIENT/OUTPATIENT BENEFITS

<b>Hospital Room and Board</b>	Average Semi-Private room rate
<b>Intensive Care Unit</b>	Usual, Reasonable and Customary Charges
<b>Human Organ/ Tissue Transplant</b>	\$500,000 Sub-Limit per Covered Transplants, up to the Maximum Limit
<b>Home Health &amp; Extended Care Facility</b>	Usual, Reasonable and Customary Charges
<b>Surgery</b>	Usual, Reasonable and Customary Charges
<b>Diagnostic Laboratory</b>	Usual, Reasonable and Customary Charges
<b>Diagnostic Radiology</b>	Usual, Reasonable and Customary Charges
<b>Physician</b>	Usual, Reasonable and Customary Charges
<b>Physician Specialist</b>	Usual, Reasonable and Customary Charges
<b>Physical Therapy</b>	\$50 Sub-Limit per visit, \$1,000 Sub-Limit per Coverage Period, \$10,000 Maximum Sub-Limit
<b>Local Ambulance</b>	Up to \$750 Sub-Limit per Incident, per Coverage Period when Illness or Injury results in Hospitalization
<b>Chiropractic Care</b>	\$35 Sub-Limit per visit, 10 visits per Coverage Period, Must be prescribed by a Licensed Medical Physician, After 364 days of Continuous Coverage

### EMERGENCY BENEFITS

<b>Emergency Room - Illness/Accident</b>	Usual, Reasonable, and Customary, Subject to additional \$250 Deductible if Illness or Injury does not result in Hospitalization
<b>Emergency Medical Evacuation</b>	\$250,000 Maximum Sub-Limit, \$10,000 Maximum Sub-Limit for Participating Members age 60 and older
<b>Emergency Reunion</b>	Reimbursement up to \$10,000 for Expenses related to the Emergency Reunion of a relative or friend resulting from an Emergency Medical Evacuation of a Participating Member
<b>Emergency Dental - Due to an Accident</b>	\$500 Sub-Limit per Coverage Period

### OTHER BENEFITS

<b>Return of Mortal Remains</b>	Reimbursement up to \$25,000 for the return of a Participating Members Mortal Remains to his/her Home Country, Not subject to Deductible or Coinsurance
<b>Prescription Drug Coverage</b>	Reimbursement Only. Usual, Reasonable and Customary. 20% Coinsurance in the US
<b>Durable Medical Equipment</b>	Usual, Reasonable and Customary charges, Limited to a standard Wheelchair and/or Hospital Bed
<b>All Other Eligible Medical Expenses</b>	Usual, Reasonable and Customary Charges

\* This is a consolidated and summary description of benefits and limits. A full version of the Evidence of Insurance or Master Policy with a complete list of benefits, conditions, limitations and exclusions are available upon request.

## RATES FOR PLAN OPTIONS

### WORLDWIDE COVER INCLUDING THE US & CANADA

#### \$500,000 MAXIMUM LIMIT

\$ 500 Deductible	\$ 1,391.00
\$ 1,000 Deductible	\$ 1,076.00
\$ 2,500 Deductible	\$ 940.00

#### \$1,000,000 MAXIMUM LIMIT

\$ 500 Deductible	\$ 1,641.00
\$ 1,000 Deductible	\$ 1,270.00
\$ 2,500 Deductible	\$ 1,110.00

### WORLDWIDE COVER EXCLUDING THE US & CANADA

#### \$500,000 MAXIMUM LIMIT

\$ 500 Deductible	\$ 1,043.25
\$ 1,000 Deductible	\$ 807.00
\$ 2,500 Deductible	\$ 752.00

#### \$1,000,000 MAXIMUM LIMIT

\$ 500 Deductible	\$ 1,230.75
\$ 1,000 Deductible	\$ 953.00
\$ 2,500 Deductible	\$ 880.00

No rates are final until documented in writing by Azimuth Risk Solutions

## GLOBAL MARINER SERIES DENTAL RIDER

**SCHEME ADMINISTRATOR:** Azimuth Risk Solutions

**MASTER POLICYHOLDER:** The Beacon/Axis Series Group Insurance Trust (Anguilla)

Attaching to and forming part of the Master Policy (#A92355005) in consideration of additional Premium specified in the Global Mariner Application Form attached hereto, the purchase of the Dental Rider deletes the exclusion set forth in Subsection 30.15 of the Participating Members Evidence of Insurance in its entirety and has been replaced with the Eligible Medical Expenses and Exclusions listed below.

<b>Dental Rider Schedule of Benefits</b>		
<b>Maximum Limit</b>	<b>\$750.00 Per Coverage Period</b>	
<b>Waiting Period</b>	<b>Dental Benefits begin after 90-days of Continuous Dental Rider Coverage</b>	
<b>Deductible</b>	<b>\$50.00 Per Participating Member, per Coverage Period</b>	
<b>Coinsurance</b>	<b>After the Deductible, the plan pays 90%, 70% or 50% of Eligible Expenses to the Maximum Limit, as defined in the below schedule</b>	
<b>Class A - Preventive Care</b> <b>Payout: 90%</b>	<b>Class B- Basic Care</b> <b>Payout: 70%</b>	<b>Class C- Major Care</b> <b>Payout: 50%</b>
<ul style="list-style-type: none"> <li>• Routine oral exams</li> <li>• X-rays</li> <li>• Full-mouth or Bitewing</li> <li>• Prophylaxis</li> <li>• Topical Fluoride treatments</li> </ul>	<ul style="list-style-type: none"> <li>• Routine fillings, plastic and stainless steel crowns</li> <li>• Simple tooth extractions, including diagnosis and evaluation</li> <li>• Antibiotic Injections</li> <li>• Diagnosis, evaluation, and treatment of gum disease, including scaling and root planning</li> <li>• Root Canal and related therapy, including diagnosis and evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Complicated extractions</li> <li>• Surgical extractions</li> <li>• Gold or Porcelain Crowns, inlays, on lays and bridge abutments</li> </ul>

**EXCLUSIONS** — All charges, costs, Expenses Incurred and/or claims (collectively “Charges”) incurred by the Participating Member(s) and directly or indirectly relating to, arising, resulting from, or in connection with any acts, omissions, events, conditions, consequences or Treatment (including diagnoses, consultations, tests, examinations and evaluations) related to services and/or supplies which are expressly excluded from coverage under the Participating Members Evidence of Insurance, the Scheme Administrator shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor, provided hereunder: ♦ Cosmetic Services; and ♦ Dental Implants, including bone augmentation, and ♦ fixed and/or removable prosthetic devices attached to or covering the implants and all related services; and ♦ Genetic Testing.; and ♦ General Anesthesia; and ♦ Experimental or investigative treatments, procedures or services; and ♦ Full mouth reconstruction; and ♦ occlusal rehabilitation; and ♦ Intravenous Sedation; and ♦ Orthodontic Services; and ♦ Prescription Drugs; and ♦ Surgery to correct malocclusion or temporomandibular joint disorders (TMJ); and ♦ Occlusion Guard

**All other terms, clauses and conditions remain unchanged.**

Please contact Azimuth Risk Solutions with any questions or concerns regarding the Dental Rider.

**Phone:** (317) 644-6291/ (888) 201-8850 (Outside of the US) or **Email:** [service@azimuthrisk.com](mailto:service@azimuthrisk.com)

# **EXTREME SPORTS RIDER**

**SCHEME ADMINISTRATOR:** Azimuth Risk Solutions

**MASTER POLICYHOLDER:** The Beacon/Axis Series Group Insurance Trust (Anguilla)

**Attaching to and forming part of the Master Policy (#A923355005) in consideration of additional Premium specified in Beacon Series Application Form attached hereto. The purchase of the Extreme Sports Rider deletes the exclusion set forth in Subsection 30.6.4 of the Participating Members Evidence of Insurance in its entirety and has been replaced with the Eligible Medical Expenses and Exclusions listed below.**

**ELIGIBLE MEDICAL EXPENSES** — The Extreme Sports is Subject to the Terms of this insurance, including without limitation to the Deductible, Coinsurance, Limits and Sub-Limits set forth in the Schedule of Benefits/Limits in **Section 21** and the Exclusions set forth in **Section 30** of the Evidence of Insurance. The Scheme Administrator will reimburse the Participating Member up to the Maximum Limit of \$50,000 per Coverage Period for costs, charges and Expenses Incurred by the Participating Member with respect to an Illness suffered or Injury sustained while the Evidence of Insurance issued by the Master Policy is in effect, so long as the costs, charges or Expenses Incurred are Usual, Reasonable and Customary:

- **“EARTH” Extreme Sports** — Skateboarding, BMX biking, Mountain biking, Caving, Absailing, Rock climbing, Wild safaris, and Horseback riding; and or
- **“WATER” Extreme Sports** — Surfing, Body boarding, Waterskiing, Wakeboarding, Windsurfing, knee boarding, White Water Rafting, Canoeing, and Jet Skiing; and or
- **“SNOW & ICE” Extreme Sports** — Snowboarding, Recreational downhill and cross country snow skiing, Ice Climbing, and Snowmobiling; and or
- **“AIR” Extreme Sports** — Bungee jumping, Zip lining, and Base jumping

**EXCLUSIONS** — All charges, costs, Expenses Incurred and/or claims (collectively “Charges”) incurred by the Participating Member(s) and directly or indirectly relating to, arising, resulting from, or in connection with any acts, omissions, events, conditions, consequences or Treatment (including diagnoses, consultations, tests, examinations and evaluations) related to services and/or supplies which are expressly excluded from coverage under the Participating Members Evidence of Insurance, the Scheme Administrator shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor, provided hereunder: Participation of any activities/sports by the Participating Member(s) that are not covered under the Extreme Sports Rider, Willfully Self-inflicted Injury or Illness, Illness or Injury sustained after the consumption of alcohol or drugs (other than as prescribed by a licensed Physician whom is full aware of the Participating Member(s) activities), Any self-exposure to needless peril (unless in an attempt to save human life); Any condition for which the Participating Member was undergoing, recovering from or awaiting Treatment immediately prior to the Extreme Sports activities, Professional Sports, Professional Extreme Sports, or any activity undertaken for wage, reward, trophy of any type or profit of any kind.

**CONDITIONS AND RESTRICTIONS** — The Scheme Administrator holds any and all prospective Participating Member(s) purchasing the Extreme Sports Rider accountable and liable that he/she is medically and physically fit to participate in all the Extreme Sports listed above. If in any doubt, the Participating Member(S) should refrain from participating in the Extreme Sports Listed above, until medical advice and approval has been obtained from a board certified or qualified Physician. No coverage will be provided for Participating Member(s) who are not physically and medically fit or who does not hold the necessary qualifications to engage the Extreme Sports listed above; the Accidental Death & Dismemberment benefit shall be deleted with respect to Accidents occurred while the Participating Member (s) is engaged in any Extreme Sport or athletic activity.

**All other terms, clauses and conditions remain unchanged.**

Please contact Azimuth Risk Solutions with any questions or concerns regarding the Extreme Sports Rider.

**Phone:** (317) 644-6291/ (888) 201-8850 (Outside of the US) or **Email:** [service@azimuthrisk.com](mailto:service@azimuthrisk.com)



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**SUPERYACHT  
INSURANCE GROUP**

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[www.azimuthrisk.com](http://www.azimuthrisk.com)