

Allen Financial Insurance Group Inc.

13880 N. Northsight Blvd. Building C #109 Scottsdale, AZ 85260

Phone: 800-874-9191 Fax: 602-992-8932

****TOP SECTION IS FOR INSURANCE AGENTS ONLY****

| Agency/Brokerage Name: | | |
|--|---|------------------------------------|
| Account Contact Name: | | |
| Phone Number: | Email: | |
| PROPERTY INSURANCE - APPLICANT I | NFORMATION | |
| Applicant Name: | Phone | Number: |
| Business Name: | | |
| | Web Site: | |
| Location Address: | City: State: | Zip Code: |
| BUILDING INFORMATION Choose One: Rent or Own or Lea | ase Year of Construction: Square | e footage you occupy: Sq. Ft. |
| Year of Most Recent Updates to the Buildin | g: Roof: Plumbing: Electrical: _ | |
| Type of Construction: | loisted Masonry/Brick 🗌 Steel/Metal 🔲 Stucco/ | Frame Other: |
| Type of Roof: Asphalt Shingles Built | Up Tar 🔲 Metal 🔲 Tile 🔲 Torch Down 🔲 Rul | bber Membrane Other: |
| Alarm System: None Monitored Sys | tem 🔲 Un-Monitored System 🔲 Dead Bolt Onl | y 🔲 Smoke Alarm 🔲 Sprinkler System |
| PROPERTY COVERAGE SECTION | | |
| Select Coverages and Corresponding Limits | | |
| Business Personal Property (BPP): | Replacement Cost: \$ | |
| Business Income & Extra Expense: | Annual Business Income: \$ | |
| Tenant Improvements & Betterments: | Improvement Cost: \$ | |
| Property of Others (including theft): | Replacement Cost: \$ | |
| Tenant Building Glass Coverage: | Cost to Replace Glass: \$ | |
| Outdoor Sign Coverage: | Cost to Replace Sign: \$ | |
| | Type of Sign: Neon Wood Metal I | Mechanical Other: |
| Building Coverage (Structure): | Building Replacement Value: \$ | |
| (If you own the building) Is distance to fire hydrant less than 1,000 feet? If No, provide distance: feet Is distance to responding fire statement less th | nan 5 miles? | ☐ Yes ☐ No |
| If No, provide distance: miles Is distance from the sea coast less than 150 miles? | | ☐ Yes ☐ No |
| If Yes, provide distance: mile: | | |
| | ust be answered. Failure to disclose any informa TION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER C | |
| | Printed Name/Title | Date |

If you are Mailing, E-Mailing or Faxing this application back to us, please use the contact information below: