

PROPERTY INSURANCE - APPLICANT INFORMATION

Applicant Name: _____ Phone Number: _____

Business Name: _____

Email Address: _____ Web Site: _____

Location Address: _____

City: _____ State: _____ Zip Code: _____

BUILDING INFORMATION

Choose One: Rent or Own or Lease Year of Construction: _____ Square footage you occupy: _____ Sq. Ft.

Year of Most Recent Updates to the Building: Roof: _____ Plumbing: _____ Electrical: _____

Type of Construction: Frame/Wood Joisted Masonry/Brick Steel/Metal Stucco/Frame Other: _____

Type of Roof: Asphalt Shingles Built Up Tar Metal Tile Torch Down Rubber Membrane Other: _____

Alarm System: Monitored System Un-Monitored System Dead Bolt Only Smoke Alarm Sprinkler System None

PROPERTY COVERAGE SECTION

Select Coverages and Corresponding Limits Desired:

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 Mechanical Other: _____

Building Coverage (Structure): Building Replacement Value: \$ _____
(If you own the building)

Is distance to fire hydrant less than 1,000 feet? Yes No
If No, provide distance: _____ feet

Is distance to responding fire station less than 5 miles? Yes No
If No, provide distance: _____ miles

Is distance from the sea coast less than 150 miles? Yes No
If No, provide distance: _____ miles



Allen Financial Insurance Group Inc.

12424 N 32nd St Suite 101, Phoenix, AZ 85032

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

NOTE – ALL questions must be answered. Failure to disclose any information could invalidate coverage

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorney's fees, costs and expenses necessarily incurred if suit or collection becomes necessary.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING

I understand this insurance may be provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.

NOTE: THE APPLICATION MUST BE SIGNED BY AN ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER.

I, the owner of the above indicated business, hereby warrant and confirm each tattoo artist and/or piercer listed on page 2 for coverage, while operating under my business, will follow the guidelines and procedures that I indicate I follow on the insurance application, including use of proper sterilization on all equipment, no reuse of needles or gloves, registration of clients and providing each client instructions on how to care for their tattoo and/or piercing. I understand this by signing on page 3 of this application.

Signature of Applicant

Printed Name

Title

Date

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

Mail: Allen Financial Insurance Group Inc. 12424 N 32nd St Suite 101, Phoenix, AZ 85032

E-Mail: Jay@EQGroup.com

Fax Number: 602-992-8932

Secondary Fax: 602-992-8327

******FOR INSURANCE AGENTS ONLY**

Agency/Brokerage Name: _____

License Number: _____ E&O Policy # _____ Expiration Date: _____

Account Contact: _____

Phone Number: _____ Email: _____