

### INK & BEAUTY

A DIVISION OF ALLEN FINANCIAL INSURANCE GROUP

Agency/Brokerage Name: \_\_\_\_\_

Account Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

#### 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: \$ \_\_\_\_\_ **Max \$10,000 Limit**

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 statement less than 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: \_\_\_\_\_ miles

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

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

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:

**Allen Financial Insurance Group Inc.** 13880 N. Northsight Blvd. Ste 109 Scottsdale, AZ 85260

Email: [Mdelgado@Egroup.com](mailto:Mdelgado@Egroup.com) | Phone: 800-874-9191 | Fax: 602-992-8327 | Website: [www.EQGroup.com](http://www.EQGroup.com)

REQUIRED