

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 (Please complete all questions in this section. Failure to complete will prevent us from quoting)

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@Eggroup.com | Phone: 800-874-9191 | Fax: 602-992-8327 | Website: www.EQGroup.com

REQUIRED