GLASS AND SIGN SUPPLEMENT

DATE (MM/DD/YY)

APPLICANT (first Named Insured)

GLASS		SIGN		COMPANY USE
$	DED		FULL FORM COVERAGE	
RETENTION	%		DEDUCTIBLE CLAUSE	

GLASS SCHEDULE

PREM #	BLDG #	ITEM #	# OF PLATES	PLATE SIZE			DESCRIPTION (Include lettering, ornamentation and class) INDICATE IF SAFETY GLASS	USE AND POSITION IN BUILDING	LIMIT OF INSURANCE
				LENGTH	WIDTH	AREA			
									$
									$
									$
									$
									$
									$
									$
									$
									$
									$

SIGN SCHEDULE

PREM #	BLDG #	ITEM #	INSIDE/ OUTSIDE	DESCRIPTION (Neon, Electrical, Mechanical, Construction, Lettering, Size, Etc.)	LIMIT OF INSURANCE
					$
					$
					$
					$
					$

GENERAL INFORMATION

#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
	GLASS COVERAGE			8.	IS ALL EXTERIOR GLASS INSURED?		
1.	ARE THERE ANY PAINTED PLATES (Partial/complete)?			9.	IS ANY GLASS STRUCTURAL?		
2.	ANY PLATES FIXED, GLUED OR IN ANGLE SETTINGS?				**GENERAL INFORMATION FOR GLASS/SIGN COVERAGE**		
3.	ANY OBSTRUCTION OR UNUSUAL SETTINGS?			10.	IS THE BUILDING OR AREA UNDER CONSTRUCTION?		
4.	DOES APPLICANT WISH TO INSURE TAPE ON GLASS?			11.	DOES GLASS OR SIGNS HAVE SCRATCHES, CRACKS OR DEFECTS? (Specify)		
5.	DOES APPLICANT WISH TO INSURE LETTERING ON GLASS?			12.	DID AGENT INSPECT SIGNS OR GLASS?		
6.	IS GLASS PROTECTED BY WIRE MESH OR U.L. APPROVED BURGLARY RESISTANT GLAZING MATERIAL?			13.	ARE ANY LOCATIONS WITH GLASS OR SIGNS VACANT?		
					SIGN COVERAGE		
7.	IS ALL EXTERIOR GLASS ABOVE SECOND FLOOR?			14.	ANY SIGNS OFF PREMISES OR NOT ATTACHED TO BUILDING?		

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