

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y/N
GLASS COVERAGE	
1. ARE THERE ANY PAINTED PLATES (Partial/complete)?	<input type="checkbox"/>
2. ANY PLATES FIXED, GLUED OR IN ANGLE SETTINGS?	<input type="checkbox"/>
3. ANY OBSTRUCTION OR UNUSUAL SETTINGS?	<input type="checkbox"/>
4. DOES APPLICANT WISH TO INSURE TAPE ON GLASS?	<input type="checkbox"/>
5. DOES APPLICANT WISH TO INSURE LETTERING ON GLASS?	<input type="checkbox"/>
6. IS GLASS PROTECTED BY WIRE MESH OR U.L. APPROVED BURGLARY RESISTANT GLAZING MATERIAL?	<input type="checkbox"/>
7. IS ALL EXTERIOR GLASS ABOVE SECOND FLOOR?	<input type="checkbox"/>
8. IS ALL EXTERIOR GLASS INSURED?	<input type="checkbox"/>
9. IS ANY GLASS STRUCTURAL?	<input type="checkbox"/>
GENERAL INFORMATION FOR GLASS/SIGN COVERAGE	
10. IS THE BUILDING OR AREA UNDER CONSTRUCTION?	<input type="checkbox"/>
11. DOES GLASS OR SIGNS HAVE SCRATCHES, CRACKS OR DEFECTS? (Specify)	<input type="checkbox"/>
12. DID AGENT INSPECT SIGNS OR GLASS?	<input type="checkbox"/>
13. ARE ANY LOCATIONS WITH GLASS OR SIGNS VACANT?	<input type="checkbox"/>
SIGN COVERAGE	
14. ANY SIGNS OFF PREMISES OR NOT ATTACHED TO BUILDING?	<input type="checkbox"/>

REMARKS

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