

## **GLASS AND SIGN SUPPLEMENT**

DATE (MM/DD/YYYY)

APPLICANT (First Named Insured)	
COMPANY USE	

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

SI	GN	SCI	HED	ULE	

REM BLDG	ITEM #	INSIDE/ OUTSIDE	DESCRIPTION (Neon, Electrical, Mechanical, Construction, Lettering, Size, Etc.)	LIMIT OF INSURANCE
				\$
				DED
				\$
				DEC
				\$
				DEC
				\$
				DEC
				\$
				DEC
				\$
				DEC
				\$
				DEC
				\$
				DEC
				\$
				DEC
•			TOTAL PREMIUM:	\$
			ATTACH TO ACORD 140	

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