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

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
	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?		

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