



AGENCY CUSTOMER ID: _____

GLASS AND SIGN SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	APPLICANT/FIRST NAMED INSURED		
POLICY NUMBER	CARRIER	NAIC CODE	

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			\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
									\$	DED
TOTAL PREMIUM:									\$	

SIGN SCHEDULE

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

ATTACH TO ACORD 140

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.