AGENCY CUSTOMER ID:	

GLASS AND		GN SECTION	DATE (MM/DD/YYYY)
AGENCY		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED		

GLASS SCHEDULE

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

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
				TOTAL PREMIUM:	\$
				Attach to ACORD 125 and ACORD 140	

INS144 (201309)

AGENCY CUSTOMER ID:

GE	NERAL INFORMATION ————————————————————————————————————	
EVD	LAIN ALL "YES" RESPONSES	Y/N
LAP	LANTALE 120 NEOF CHOCK	1
l	GLASS COVERAGE	
1	ARE THERE ANY PAINTED PLATES (Partial/complete)?	
••	THE THE ALT THE CHARGON PROTOCOL.	
2.	ANY PLATES FIXED, GLUED OR IN ANGLE SETTINGS?	
_	ANY OPERTURIES OF UNIVERSAL OFFICE OF	
3.	ANY OBSTRUCTION OR UNUSUAL SETTINGS?	
4	DOES APPLICANT WISH TO INSURE TAPE ON GLASS?	
5.	DOES APPLICANT WISH TO INSURE LETTERING ON GLASS?	
_	IS OF ASS PROTECTED BY WIRE MEST ON THE APPROVED BURGLADY PROJECTANT OF ATTICK MATERIALS	+-
б.	IS GLASS PROTECTED BY WIRE MESH OR U.L. APPROVED BURGLARY RESISTANT GLAZING MATERIAL?	1 1
		1 1
		1 1
7	IS ALL EXTERIOR GLASS ABOVE SECOND FLOOR?	
٠.	TO THE EXPENSIVE OF SECTION OF SECTION	
8.	IS ALL EXTERIOR GLASS INSURED?	
_	IO ANN OLAGO OTRUGTURALO	
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)	
11.	DOES GLASS OR SIGNS HAVE SCRATCHES, CRACKS OR DEFECTS? (Specify)	
12.	DID AGENT INSPECT SIGNS OR GLASS?	
		1 1
		+
13.	ARE ANY LOCATIONS WITH GLASS OR SIGNS VACANT?	
		1 1
		1 1
	NON CONFINAL.	
	SIGN COVERAGE	,
14.	ANY SIGNS OFF PREMISES OR NOT ATTACHED TO BUILDING?	1 1
		1 1
		1 1
<u> </u>	MARKS (ACORD 404 Additional Remarks Calculus, may be effected if	
ΚE	MARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
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	AGENCY CUSTOMER ID:					
REMARKS (ACORD 101, Additional Remarks Schedule, ma						
SIGNATURE						
Applicable in AL AD DO LA MD NM DLand MV						
Applicable in AL, AR, DC, LA, MD, NM, RI and WV Any person who knowingly (or willfully)* presents a false or fraudule	ent claim for payment of a loss or benefit or knowingly (or willfully)* pre	esents false				
	may be subject to fines and confinement in prison. *Applies in MD					
Applicable in CO						
	acts or information to an insurance company for the purpose of defrai					
	denial of insurance and civil damages. Any insurance company or ago facts or information to a policyholder or claimant for the purpose of de					
attempting to defraud the policyholder or claimant with regard to a	settlement or award payable from insurance proceeds shall be reporte					
Division of Insurance within the Department of Regulatory Agence	es.					
Assiliant to Electronic						
Applicable in FL and OK	eive any insurer files a statement of claim or an application containing	any folco				
incomplete, or misleading information is guilty of a felony (of the f	, , , , , , , , , , , , , , , , , , , ,	garry raise,				
	, , , , ,					
Applicable in KS						
Any person who, knowingly and with intent to defraud, presents, ca	uses to be presented or prepares with knowledge or belief that it will be	pe presented to or by				
	en statement as part of, or in support of, an application for the issuance					
	n for payment or other benefit pursuant to an insurance policy for com rmation concerning any fact material thereto; or conceals, for the purp					
information concerning any fact material thereto commits a fraudo		ooo or mioloading,				
A collected to toy NY OH control						
Applicable in KY, NY, OH and PA						
	e company or other person files an application for insurance or statem ose of misleading, information concerning any fact material thereto co					
• • • • • • • • • • • • • • • • • • •	al and civil penalties* (not to exceed five thousand dollars and the stat					
for each such violation)*. *Applies in NY Only.	· · · · · · · · · · · · · · · · · · ·					
Applicable in ME, TN, VA and WA						
	formation to an incurance company for the purpose of defrauding the	company Danalties				
(may)* include imprisonment, fines and denial of insurance benef	formation to an insurance company for the purpose of defrauding the its. *Applies in ME Only.	company. Fenalues				
Applicable in NJ						
Any person who includes any false or misleading information on a	an application for an insurance policy is subject to criminal and civil	penalties.				
Applicable in OR						
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to						
Any person who knowingly and with intent to detraud or solicit another to detraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.						
Applicable in PR						
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a						
felony and, upon conviction, shall be sanctioned for each violation be	felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand					
, , ,	s, or both penalties. Should aggravating circumstances [be] present,					
established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.						
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE						
	ITS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE E					
	DDODLICEDIS NAME /Diseas Dri13	STATE PRODUCER LICENSE NO				
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	(Required in Florida)				

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER