Δ	GEN	ICY	CUS'	$\Gamma \cap N$	1FR	ID.

R
ACORD

GLASS AND SIGN SUPPLEMENT

D 4 TE	
DATE	(MM/DD/YYYY)

	GLASS AND SI	GN SUPPLEIMEN I	
AGENCY		APPLICANT/FIRST NAMED INSURED	
POLICY NUMBER		CARRIER	NAIC CODE

GLASS SCHEDULE

PREM BI			# OF		PLATE SIZ	ZE	DESCRIPTION (Include lettering, ornamentation and class) INDICATE IF SAFETY GLASS USE AND POSITION IN BUILDING	LIMIT
#	#	#	PLATES	LENGTH	WIDTH	AREA	ornamentation and class) INDICATE IF SAFETY GLASS USE AND POSITION IN BUILDING	LIMIT OF INSURANCE
								\$
								DEC
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								DEC
							TOTAL PREMIUM:	\$

SIGN SCHEDULE

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

ACORD 144 (2007/07)

Page 1 of 2

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		NOITA

AGENCY CUSTOMER ID: _

EXPLAIN ALL "YES" RESPONSES	17/1
GLASS COVERAGE	
1. ARE THERE ANY PAINTED PLATES (Partial/complete)?	
2. ANY PLATES FIXED, GLUED OR IN ANGLE SETTINGS?	+
Li Awar Barbara (Mass, September 1971)	
3. ANY OBSTRUCTION OR UNUSUAL SETTINGS?	
4. DOES APPLICANT WISH TO INSURE TAPE ON GLASS?	$\top \Box$
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 - 10 ALL EVERTION OF AND ADDRESS OF A DODRESS OF A DODR	+
7. IS ALL EXTERIOR GLASS ABOVE SECOND FLOOR?	
8. IS ALL EXTERIOR GLASS INSURED?	
0. JOANNOLAGO OTRIJOTIJO I	+—
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?	+
in. Alle Anni Eess Ansha will see six sight with and	
SIGN COVERAGE	
14. ANY SIGNS OFF PREMISES OR NOT ATTACHED TO BUILDING?	
REMARKS	
NEWANNO	$\overline{}$
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURAN	ICE OR
STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNI	
FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIA	
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.