ACENIC	' CUSTOI	MED ID.
AGENCI	CUSIO	VIER ID:

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ACORD

DATE	(MM/DD/YYYY)

, COND	GLASS AND SI	GN SUPPLEMENT	,	,
AGENCY		APPLICANT/FIRST NAMED INSURED		
POLICY NUMBER		CARRIER		NAIC CODE
CLASS SCHEDITIE				

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

SIGN SCHEDULE

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

OFNEDAL INFORMATION	AGENCY CUSTOMER ID:
GENERAL INFORMATION	_

EXP	LAIN 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?	
١.	TO ALL EXTERIOR GLAGO ABOVE GLOGING FLOOR:	
0	IS ALL EXTERIOR GLASS INSURED?	
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	IO ANNUAL AGO OTRUGTURAL O	
9.	IS ANY GLASS STRUCTURAL?	
40	GENERAL INFORMATION FOR GLASS/SIGN COVERAGE	
10.	IS THE BUILDING OR AREA UNDER CONSTRUCTION?	
	DOES OF ACCUSE HAVE CODATOURS OF DEFECTOR	
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?	
RE	MARKS	

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.