USPLATE GLASS INSURANCE CO
One Westbrook Corp Ctr #320
Westchester, IL 60154
708-449-6060

CONNECTICUT
BLANKET GLASS POLICY APPLICATION

FAX APPLICATION TO: 1-708-449-0385

Bind Policy Effective (Date: mm/dd/yyyy)
Agent Name
Mailing Address (if different from Risk Address)
Agent License No.
Agency
If any glass is currently broken, describe all broken glass
Phone
Fax
Email

BLANKET SERIES (circle one) ➔

MAXIMUM PREMISES AREA ALLOWED

POLICY LIMITS

Limits per loss:
$150 per plate
$750 per loss
$100 Board-up
$100 Frame Damage

Options

BASIC COVERAGE (required)
(Covers: Accident, Burglary & Attempted Burglary, Collision, Explosion, Riot & Civil Commotion, Robbery & Theft, Windstorm (Excluding Declared Hurricane & Tornado), Hail, Flood, Vandalism (Excluding Graffiti), Unexplained loss, and Declared Terrorism.)

OPTION A: CATASTROPHE PERILS
(Up to policy limits for Fire, Earthquake, Declared Hurricane and Tornado.)

OPTION B: INCREASE BOARD-UP & FRAME DAMAGE LIMITS (Board-up and Frame damage Limits each increased by $500 per loss.)

OPTION C: GLASS APPLICATIONS
(Up to $500 per loss for Applied Film, Lettering, Designs, and Tint.)

OPTION D: INTERIOR / SHOWCASE GLASS
(Up to $1,250 per loss for Interior Glass, Showcases, Shelves, Mirrors, Cabinets, and Refrigerated Cases.)

OPTION E: SPECIALTY GLASS
(Up to $2,500 per loss for Bullet Resistant Glass, Herculite Doors, Curved/Bent Glass, Skylights, Art Glass, and Impact-Resistive Glass.)

TOTAL PREMIUM (BASIC PLUS ALL CHECKED OPTIONS)

NOTICE TO APPLICANT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAND ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR CLAIM CONTAINING ANY FALSE OR INCOMPLETE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES AND LOSS OF INSURANCE BENEFITS.

SIGNATURE OF APPLICANT ________________________________ DATE: ____/____/_______

PRINT NAME: ____________________________ PHONE NO: ___________________

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