

USPLATE GLASS INSURANCE CO

One Westbrook Corp Ctr #320

Westchester, IL 60154

708-449-6060

ILLINOIS BLANKET GLASS POLICY APPLICATION

SUBMIT APPLICATION

EMAIL: POLICY@USPLATE.COM

FAX: 1-708-449-0385

**MAIL: ONE WESTBROOK CORP CTR #320
WESTCHESTER IL 60154**

Risk Name
Risk Address, City, State, Zip
Mailing Address (if different from Risk Address)
Email
Requested Policy Effective Date (mm/dd/yyyy)

Agent Name
Agency
Agency Phone
Email
If any glass is currently broken, describe all broken glass

BLANKET SERIES (circle one) →	Blanket 150	Blanket 250	Blanket 500	Blanket 1000
POLICY LIMITS	Limits per loss: \$150 per plate \$750 per loss \$100 Board-up \$100 Frame Damage	Limits per loss: \$250 per plate \$1,250 per loss \$150 Board-up \$150 Frame Damage	Limits per loss: \$500 per plate \$2,500 per loss \$250 Board-up \$250 Frame Damage	Limits per loss: \$1,000 per plate \$5,000 per loss \$500 Board-up \$500 Frame Damage

	Premium	Premium	Premium	Premium
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.)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200	<input type="checkbox"/> \$325
OPTION A: CATASTROPHE PERILS (Up to policy limits for Fire, Earthquake, Declared Hurricane and Tornado.)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
OPTION B: INCREASE BOARD-UP & FRAME DAMAGE LIMITS (Board-up and Frame damage Limits each increased by \$500 per loss.)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
OPTION C: GLASS APPLICATIONS (Up to \$500 per loss for Applied Film, Lettering, Designs, and Tint.)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
OPTION D: INTERIOR / SHOWCASE GLASS (Up to \$1,250 per loss for Interior Glass, Showcases, Shelves, Mirrors, Cabinets, and Refrigerated Cases.)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50
OPTION E: SPECIALTY GLASS (Up to \$2,500 per loss for Bullet Resistive Glass, Herculite Doors, Curved/Bent Glass, Skylights, Art Glass, and Impact-Resistive Glass.)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
TOTAL PREMIUM (BASIC PLUS ALL CHECKED OPTIONS. STATE FEES MAY APPLY)				

NOTICE TO APPLICANT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD 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: _____