

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

**RESIDENTIAL GLASS POLICY APPLICATION**

FAX APPLICATION TO: 1-708-449-0385

Risk Name	Bind Policy Effective (Date: mm/dd/yyyy)	Agent Name
Risk Address, City, St, Zip	Mailing Address (if different from Risk Address)	Agent License No.
Type of Residence	If any glass is currently broken, describe all broken glass	Agency
Total Premises Square Footage		Phone
		Fax
		Email

<b>RESIDENTIAL SERIES</b>	
<b>COVERAGE</b>	Coverage is limited to breakage or sudden chemical damage, as defined in the Glass Policy, to exterior, permanently installed residential glass.
<b>LIMIT</b>	\$1,000 per occurrence.
<b>DEDUCTIBLE</b>	\$0 (ZERO)
<b>ANNUAL PREMIUM</b>	\$75.00

**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: \_\_\_\_\_