

**USPLATE GLASS INSURANCE CO**

One Westbrook Corp Ctr #320  
 Westchester, IL 60154  
 708-449-6060

**MAINE  
 RESIDENTIAL GLASS POLICY APPLICATION**

**FAX APPLICATION TO: 1-708-449-0385**

|                               |
|-------------------------------|
| Risk Name                     |
| Risk Address, City, St, Zip   |
| Type of Residence             |
| Total Premises Square Footage |

|  |
|--|
| Bind Policy Effective<br>(Date: mm/dd/yyyy)                    |
| Mailing Address (if different from<br>Risk Address)            |
| If any glass is currently broken,<br>describe all broken glass |

|                   |
|-------------------|
| Agent Name        |
| Agent License No. |
| Agency            |
| 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:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_\_

PRINT NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_