

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

**STATE OF NEW YORK  
 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 (Date: mm/dd/yyyy)
Mailing Address (if different from Risk Address)
If any glass is currently broken, 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>	\$50.00

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