

BROKERING AGENT'S REGISTER NUMBER #:
(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)
GLASS & SIGN SUPPLEMENTAL APPLICATION
 NEW RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:					
DBA:			Producers Name & Address:		
Address:					
City & State:		Zip:			
Inspection Contact:		Phone: () -			
Accounting Contact:		Phone: () -	Agent's 2-20 License #:		
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Non-Prof Corp.		Years in Business: _____			
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____	
Location 2:	Street: _____	City & State: _____	County: _____	Zip: _____	

Glass Schedule:

Prem. No.	Bldg. No.	No. of Plates	Item No.	Plate Size			Description (Safety Glass, Lettering)	Use and position in building	Limit of Insurance	Deductible
				Length	Width	Area				
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$

Sign Schedule:

Prem. No.	Bldg. No.	Item No.	Inside / Outside	Description (Lettering, Color, Electrical, Mechanical, Etc.)	Limits of Insurance	Deductible
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside		\$	\$
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside		\$	\$
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside		\$	\$
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside		\$	\$
			<input type="checkbox"/> Inside <input type="checkbox"/> Outside		\$	\$

General Information:

Explain all "Yes" responses in the space provided below.

Glass Coverage:

- Are there any painted plates? (Partially painted?) Yes No
- Are plates fixed, glued or in angle setting? Yes No
- Any obstruction or unusual settings? Yes No
- Does applicant wish to insure tape on Glass? Yes No
- Does applicant wish to insure lettering on Glass? Yes No
- Is Glass protected by wire mesh or U.L. approved burglary resistant glazing material? Yes No
- Is all exterior Glass above second floor? Yes No
- Is all exterior Glass insured? Yes No
- Is any Glass structural? Yes No

Glass / Sign Coverage

- Is the building or area under construction? Yes No
- Does Glass or Signs have scratches, cracks or defects? Yes No
- Did agent inspect signs or glass? Yes No
- Are any locations with Glass or Signs vacant? Yes No

Sign Coverage

14. Any signs off premises or not attached to building? Yes No

Use this space for any necessary explanation. (If you more space is needed, use a separate sheet).

Additional Information:

If you answer "Yes" to any of the questions, explain in the "Remarks" box provided below.

- 1. Any policy or coverage declined, cancelled or non-renewed during the last 5 years? Yes No
- 2. Any lawsuits in the past 5 years? Yes No
- 3. Has the applicant and/or directors had any loan defaults in the past 5 years? Yes No
- 4. Has the applicant and/or any employees ever been convicted or forfeit for any criminal violations? Yes No
- 5. Has the applicant filed any insurance claims in the past two years? Yes No

Use this space for any necessary explanation. (If more space is needed, use a separate sheet).

Remarks:

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is
() Bound Effective 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date