



GLASS AND SIGN SUPPLEMENT

DATE (MM/DD/YYYY)

| | | | |
|--|--|-------------------------------|-----------|
| AGENCY TMK RISK MANAGEMENT INC | | APPLICANT/FIRST NAMED INSURED | |
| POLICY NUMBER | | CARRIER | NAIC CODE |

GLASS SCHEDULE

| PREM # | BLDG # | ITEM # | # OF PLATES | PLATE SIZE | | | DESCRIPTION (Include lettering, ornamentation and class) INDICATE IF SAFETY GLASS | USE AND POSITION IN BUILDING | LIMIT OF INSURANCE | |
|-----------------------|--------|--------|-------------|------------|-------|------|--|------------------------------|--------------------|-----|
| | | | | LENGTH | WIDTH | AREA | | | \$ | DED |
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| TOTAL PREMIUM: | | | | | | | | \$ | | |

SIGN SCHEDULE

| PREM # | BLDG # | ITEM # | INSIDE/ OUTSIDE | DESCRIPTION (Neon, Electrical, Mechanical, Construction, Lettering, Size, Etc.) | LIMIT OF INSURANCE |
|-----------------------|--------|--------|-----------------|---|--------------------|
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| TOTAL PREMIUM: | | | | | \$ |

ATTACH TO ACORD 140

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y/N |
|--|--------------------------|
| GLASS COVERAGE | |
| 1. ARE THERE ANY PAINTED PLATES (Partial/complete)? | <input type="checkbox"/> |
| 2. ANY PLATES FIXED, GLUED OR IN ANGLE SETTINGS? | <input type="checkbox"/> |
| 3. ANY OBSTRUCTION OR UNUSUAL SETTINGS? | <input type="checkbox"/> |
| 4. DOES APPLICANT WISH TO INSURE TAPE ON GLASS? | <input type="checkbox"/> |
| 5. DOES APPLICANT WISH TO INSURE LETTERING ON GLASS? | <input type="checkbox"/> |
| 6. IS GLASS PROTECTED BY WIRE MESH OR U.L. APPROVED BURGLARY RESISTANT GLAZING MATERIAL? | <input type="checkbox"/> |
| 7. IS ALL EXTERIOR GLASS ABOVE SECOND FLOOR? | <input type="checkbox"/> |
| 8. IS ALL EXTERIOR GLASS INSURED? | <input type="checkbox"/> |
| 9. IS ANY GLASS STRUCTURAL? | <input type="checkbox"/> |
| GENERAL INFORMATION FOR GLASS/SIGN COVERAGE | |
| 10. IS THE BUILDING OR AREA UNDER CONSTRUCTION? | <input type="checkbox"/> |
| 11. DOES GLASS OR SIGNS HAVE SCRATCHES, CRACKS OR DEFECTS? (Specify) | <input type="checkbox"/> |
| 12. DID AGENT INSPECT SIGNS OR GLASS? | <input type="checkbox"/> |
| 13. ARE ANY LOCATIONS WITH GLASS OR SIGNS VACANT? | <input type="checkbox"/> |
| SIGN COVERAGE | |
| 14. ANY SIGNS OFF PREMISES OR NOT ATTACHED TO BUILDING? | <input type="checkbox"/> |

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.