

PLATE GLASS CLAIM FORM
EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Policy No. _____

Claim No. _____

1. Name of Insured Address Telephone No	
2. Business carried on therein	
3. Address where breakage occurred	
4. Date of breakage and/or damage mm/dd/yy	
5. Cause of breakage and/or damage (Give fullest particulars of how breakage occurred)	
6. State name and address of the person causing breakage and/or damage, and of his employer, if any	
7. State the names and addresses of all witnesses of the breakage and/or damage	
8. Were the premises occupied at the time of loss? If not, on what date and at what hour were they last occupied.	

9. PARTICULARS OF BREAKAGE

Number of Squares	Whether Window Door, etc.	Kind of Glass Broken	Sizes in inches		Whether Cracked or Broken out
			Height	Width	

10. State if immediate replacement is desired or whether a Guarantee of Replacement at a future date shall be sent	
11. Is the Glass insured with any other Company? If so, state which	

