

NOTICE OF PLATE GLASS LOSS

POLICY NUMBER

CLAIM NUMBER

POLICY PERIOD

AGENCY

To _____ of _____

Name of Insured: _____

Address of Insured: _____

Date of Breakage: _____, 20____ at or around _____ M.

Location of premises: _____

Occupancy of building: _____

Size of Broken Plate(s)

Description (Front, Return, Door, etc.)

_____ x _____

_____ x _____

_____ x _____

Type of glass: _____ Type of setting: _____

Location in building: _____

Cause of breakage: _____

Name and address of person responsible for breakage: _____

Names and addresses of witnesses: _____

Is Storm insurance carried? _____ Type: _____ Company: _____

Is Burglary insurance carried? _____ State in what Company _____

Signed _____ Dated _____, 20____

Taken by _____

ADJUSTER OR AGENT

LOWEST ESTIMATE OF GLAZIER

THE EXACT SIZE required to replace broken glass is _____ x _____.

The sizes of salvage are _____ x _____; _____ x _____; _____ x _____.

The cost of replacing glass (at glazier's risk) will be _____ \$ _____

Less salvage _____ \$ _____

Net cost to the Company _____ \$ _____

The cost of glazing at Company's risk together with boxing and shopping of salvage, provided the glass is furnished by the Company will be _____ or \$ _____.

Form 2370F

© 2004 Nationwide Publishing Company, Inc.

<http://www.claimspages.com>

