



ALPHA INSURERS

PROTECTING YOUR GOOD THINGS IN LIFE

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COMPREHENSIVE GLASS INSURANCE APPLICATION

Personal Information:

Name of Insured: _____
Address: _____
Telephone Number(s): _____
E-mail Address: _____

Nature of Business:

Company Name: _____
Nature of Operation: _____
Location(s): 1. _____
2. _____
3. _____

No. of Employees: _____ Days/Hours of Operation: _____
Estimated Annual Sales: This Year: \$ _____ Next Year: \$ _____

Work Number(s): _____ Fax Number(s): _____
E-mail Address: _____ Website: _____

Description of Glass(es):

Location #	Glass Size(s)	No. of Pieces	Cost \$	Typhoon Shutters?
1.				
2.				
3.				

Signature: _____

Date: _____

Print Name: _____

Agent: _____