



STATEMENT OF VALUES

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY	NAIC CODE:	PAGE																			
		INSURED / APPLICANT	POLICY NUMBER	OF																			
		HEADQUARTERS ADDRESS																					
CODE: AGENCY CUSTOMER ID	SUBCODE:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">COINS %</th> <th style="width:40%;">APPLICABLE CAUSES OF LOSS</th> <th style="width:10%;"></th> <th style="width:30%;"></th> </tr> <tr> <td><input type="checkbox"/> 80%</td> <td><input type="checkbox"/> BASIC</td> <td><input type="checkbox"/></td> <td>EARTHQUAKE COV</td> </tr> <tr> <td><input type="checkbox"/> 90%</td> <td><input type="checkbox"/> BROAD</td> <td><input type="checkbox"/></td> <td>FLOOD</td> </tr> <tr> <td><input type="checkbox"/> 100%</td> <td><input type="checkbox"/> SPECIAL</td> <td><input type="checkbox"/></td> <td>SPRINKLER LEAKAGE EXCL</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>VANDALISM EXCL</td> </tr> </table>	COINS %	APPLICABLE CAUSES OF LOSS			<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/>	FLOOD	<input type="checkbox"/> 100%	<input type="checkbox"/> SPECIAL	<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL			<input type="checkbox"/>	VANDALISM EXCL	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED <input type="checkbox"/> BLANKET RATE REQUESTED
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APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC ₁	SUBJECT ₂	100% VALUES	RATE OR LOSS COST ₃	PREMIUM
			DESC: ADDRESS:					
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TOTAL						\$	N/A	\$

INSTRUCTIONS

1. ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
2. SUBJECT:
 B = Building S = Stock F = Furniture & Fixtures M = Machinery
 BPP = Your Business Personal Property PPO = Personal Property of Others
 BI = Business Income R = Rental Income Other - specify
3. RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____