



# STATEMENT OF VALUES

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	COMPANY  INSURED / APPLICANT  HEADQUARTERS ADDRESS	NAIC CODE:  POLICY NUMBER	PAGE  OF  EFFECTIVE DATE																												
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%;">RATES REQUESTED</th> </tr> <tr> <td><input type="checkbox"/> 80%</td> <td><input type="checkbox"/> BASIC</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> EARTHQUAKE COV</td> </tr> <tr> <td><input type="checkbox"/> 90%</td> <td><input type="checkbox"/> BROAD</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> FLOOD</td> </tr> <tr> <td><input type="checkbox"/> 100%</td> <td><input type="checkbox"/> SPECIAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SPRINKLER LEAKAGE EXCL</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> VANDALISM EXCL</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> BLANKET RATE REQUESTED</td> </tr> </table>			COINS %	APPLICABLE CAUSES OF LOSS		RATES REQUESTED	<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>	<input type="checkbox"/> EARTHQUAKE COV	<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/>	<input type="checkbox"/> FLOOD	<input type="checkbox"/> 100%	<input type="checkbox"/> SPECIAL	<input type="checkbox"/>	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL			<input type="checkbox"/>	<input type="checkbox"/> VANDALISM EXCL			<input type="checkbox"/>	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED			<input type="checkbox"/>	<input type="checkbox"/> BLANKET RATE REQUESTED
COINS %	APPLICABLE CAUSES OF LOSS		RATES REQUESTED																													
<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/>	<input type="checkbox"/> EARTHQUAKE COV																													
<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/>	<input type="checkbox"/> FLOOD																													
<input type="checkbox"/> 100%	<input type="checkbox"/> SPECIAL	<input type="checkbox"/>	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL																													
		<input type="checkbox"/>	<input type="checkbox"/> VANDALISM EXCL																													
		<input type="checkbox"/>	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED																													
		<input type="checkbox"/>	<input type="checkbox"/> BLANKET RATE REQUESTED																													

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 <sub>1</sub>	SUBJECT <sub>2</sub>	100% VALUES	RATE OR LOSS COST <sub>3</sub>	PREMIUM
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
<b>TOTAL</b>						\$	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: \_\_\_\_\_