

ACORD™ STATEMENT OF VALUES

DATE

PRODUCER CODE: AGENCY CUSTOMER ID	COMPANY INSURED/APPLICANT <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">COINS %</th> <th style="width:50%;">APPLICABLE CAUSES OF LOSS</th> <th style="width:25%;"></th> </tr> <tr> <td><input type="checkbox"/> 80%</td> <td><input type="checkbox"/> BASIC</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"/> FLOOD</td> </tr> <tr> <td><input type="checkbox"/> 100%</td> <td><input type="checkbox"/> SPECIAL</td> <td><input type="checkbox"/> SPRINKLER LEAKAGE EXCL</td> </tr> <tr> <td></td> <td><input type="checkbox"/> OTHER:</td> <td><input type="checkbox"/> 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"/> OTHER:	<input type="checkbox"/> VANDALISM EXCL	NAIC CODE: PAGE _____ OF _____ EFFECTIVE DATE
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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 LOCATION OF PROPERTY	ACV/RC ₁	SUBJECT ₂	100% VALUES	RATE OR LOSS COST ₃	PREMIUM
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: _____
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