STATEMENT OF VALUES

DATE (MM/DD/YYYY)			
AGENCY	CARRIER	NAIC CODE:	PAGE OF
	INSURED / APPLICANT	POLICY NUMBER	EFFECTIVE DATE
	HEADQUARTERS ADDRESS		
CONTACT NAME:			
PHONE (A/C, No, Ext):			
FAX (A/C, No):			
E-MAIL ADDRESS:			
CODE: SUBCODE:			
AGENCY CUSTOMER ID:			

COINS %	APPLICABLE CAUSES OF LOSS		
80%	BASIC	EARTHQUAKE COV	SPECIFIC AVERAGE RATE REQUESTED
90%	BROAD	FLOOD	BLANKET RATE REQUESTED
100%	SPECIAL	SPRINKLER LEAKAGE EXCL	
		VANDALISM EXCL	

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	VALU-ATION	SUBJECT	100% VALUES	RATE OR LOSS COST	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:					
					TOTAL	$	N/A	$

SIGNATURE

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

INSURED'S SIGNATURE	TITLE	DATE

© 1996-2014 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD