ACORD™ STATEMENT/SCHEDULE OF VALUES

DATE (MM/DD/YY)

PRODUCER

CODE: SUBCODE:

AGENCY CUSTOMER ID

COMPANY

NAIC CODE:

PAGE OF

INSURED/APPLICANT

EFFECTIVE DATE

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

SIGNATURE: _____

TITLE: _____

DATE: _____

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