# ACORD™ STATEMENT OF VALUES

DATE

PRODUCER

COMPANY | NAIC CODE:

PAGE OF

INSURED/APPLICANT

EFFECTIVE DATE

CODE: SUBCODE:

AGENCY CUSTOMER ID

COINS %
- ☐ 80%
- ☐ 90%
- ☐ 100%

APPLICABLE CAUSES OF LOSS
- ☐ BASIC
- ☐ BROAD
- ☐ SPECIAL
- ☐ OTHER:
- ☐ EARTHQUAKE COV
- ☐ FLOOD
- ☐ SPRINKLER LEAKAGE EXCL
- ☐ VANDALISM EXCL
- ☐ SPECIFIC AVERAGE RATE REQUESTED
- ☐ BLANKET RATE REQUESTED
- ☐ OTHER:

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 |
|---|---|---|---|---|---|---|---|---|
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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: _____



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