

# ACORD™ STATEMENT/SCHEDULE OF VALUES

DATE (MM/DD/YY)

<b>PRODUCER</b>   <b>CODE:</b> <b>AGENCY CUSTOMER ID</b>	<b>COMPANY</b>  <b>INSURED/APPLICANT</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>COINS %</b></td> <td style="width:40%;"><b>APPLICABLE CAUSES OF LOSS</b></td> <td style="width:45%;"></td> </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>	<b>COINS %</b>	<b>APPLICABLE CAUSES OF LOSS</b>		<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	<b>NAIC CODE:</b>  <b>PAGE</b> OF <b>EFFECTIVE DATE</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED</td> </tr> <tr> <td><input type="checkbox"/> BLANKET RATE REQUESTED</td> </tr> <tr> <td><input type="checkbox"/> OTHER:</td> </tr> </table>	<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED	<input type="checkbox"/> BLANKET RATE REQUESTED	<input type="checkbox"/> OTHER:
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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 <sub>1</sub>	SUBJECT <sub>2</sub>	100% VALUES	RATE OR LOSS COST <sub>3</sub>	PREMIUM
<b>TOTAL</b>						\$	N/A	\$

**INSTRUCTIONS**

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- 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
- 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: \_\_\_\_\_