STATEMENT OF VALUES

AGENCY	CARRIER	NAIC CODE:	PAGE OF
	INSURED / APPLICANT	POLICY NUMBER	EFFECTIVE DATE
CONTACT NAME:	HEADQUARTERS ADDRESS		
PHONE (A/C, No, Ext):	COINS %	APPLICABLE CAUSES OF LOSS	
FAX (A/C, No):	☐ 80%	☐ BASIC	☐ EARTHQUAKE COV
E-MAIL ADDRESS:	☐ 90%	☐ BROAD	☐ FLOOD
CODE: SUBCODE:	☐ 100%	☐ SPECIAL	☐ SPRINKLER LEAKAGE EXCL
AGENCY CUSTOMER ID:			☐ VANDALISM EXCL

☐ SPECIFIC AVERAGE RATE REQUESTED

☐ BLANKET RATE REQUESTED

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 OF PROPERTY / ADDRESS OF PROPERTY	VALU-ATION	SUBJECT	100% VALUES	RATE OR LOSS COST	PREMIUM
					TOTAL	$	N / A	$

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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