

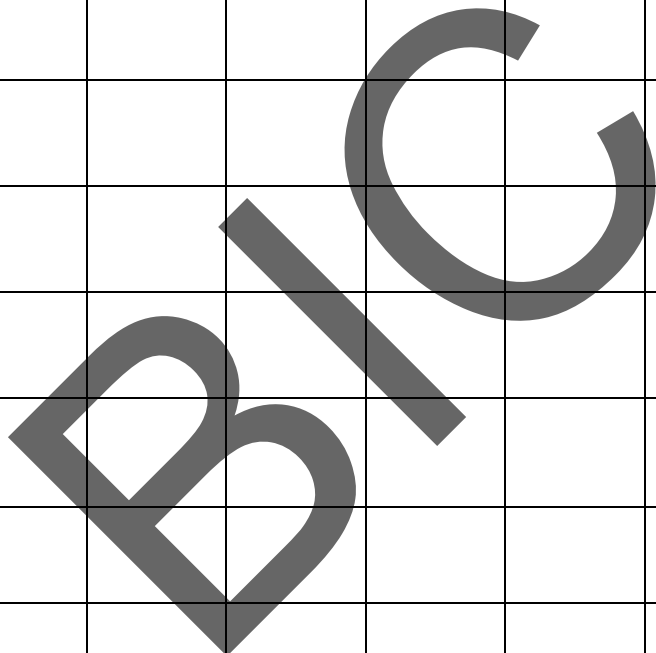
STATEMENT OF VALUES (FIGURES ARE BASED ON 100% OF VALUES)



Client: _____ **Insurance Carrier:** _____ **Date Prepared:** _____

TO BE COMPLETED BY INSURED, AGENT OR BROKER

BUILDING INFORMATION							COVERAGE REQUIREMENTS					
LOC NO	LOCATION	CONSTRUCTION TYPE	OCCUPANCY TYPE	NO OF STORIES & YEAR BUILT	SQUARE FOOTAGE	SPRINKLERED (Y/N)	BUILDING	EDP - HARDWARE & SOFTWARE/EE	IMPROVEMENTS & BETTERMENTS	PERSONAL PROP OF INSURED	PERSONAL PROP OF OTHERS	B/EE INCL RENTS
1												
2												
3												
4												
5												
6												
7												
8												
	GRAND TOTAL											



INSURED'S SIGNATURE

DATE SIGNED