

REPORT OF VALUES

REPORT OF VALUES AS OF
 (Report Date)

(For Use Only With Value Reporting Form **CP 13 10**)

Complete this report and send it to the Agent or Broker shown below.

THE VALUES YOU REPORT DO NOT CHANGE YOUR LIMITS OF INSURANCE. IF VALUES EXCEED OR COME CLOSE TO YOUR LIMITS OF INSURANCE, CONTACT YOUR AGENT OR BROKER. YOU MAY NEED ADDITIONAL INSURANCE.

Applicable to the following policies:

| Your Name | Name Of Company | Policy No. |
|-----------|-----------------|------------|
| | | |

See instructions attached. Show Premises Number for premises shown in the Declarations. For all except "incidental locations", show street address, city and state; for "incidental locations", show state only.

| Prem. No. | Bldg. No. | Street Address City, State | Your Business Personal Property | | |
|-----------|-----------|-------------------------------|--|--------------------------------------|--------------------|
| | | | (1) 100% Of Values (And Symbol) | (2) "Specific Insur- ance" | (3) (1)-(2) |
| | | | | | |

| Prem. No. | Bldg. No. | Street Address City, State | "Stock" Only | | | (7) Personal Property Of Others 100% Of Values (And Symbol) |
|-----------|-----------|-------------------------------|--|--------------------------------------|--------------------|---|
| | | | (4) 100% Of Values (And Symbol) | (5) "Specific Insur- ance" | (6) (4)-(5) | |
| | | | | | | |

Attach Supplemental Report Of Values Form **CP 13 61** if additional sheets are necessary. Valuation Symbols (for use with columns **(1)**, **(4)** and **(7)**):

A: Actual Cash Value; M: Market Value; R: Replacement Cost; S: Selling Price; X: Other.

Agent or Broker – Mailing Address

Signature of you or your authorized representative

Date

WE OFFER THE FOLLOWING TO ASSIST IN THE PREPARATION OF THIS REPORT OF VALUES. THESE SUGGESTIONS DO NOT ALTER THE POLICY CONDITIONS IN ANY WAY.

SUMMARY OF REPORTING DATES

| "Reporting Period" | Report Dates | Last Day Of "Reporting Period" |
|---|---|--|
| <input type="checkbox"/> Daily (DR) <input type="checkbox"/> Weekly (WR) <input type="checkbox"/> Monthly (MR) <input type="checkbox"/> Quarterly (QR) | Each working day Last day of each week Last day of the month Last day of each month | Last day of the month Last day of the month Last day of the month March 31; June 30; September 30; December 31 |
| <input type="checkbox"/> Policy Year (PR) <input type="checkbox"/> Other | Last day of each month <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> <p style="text-align: center;">*****</p> | Policy anniversary date <hr style="width: 50%; margin-left: auto; margin-right: auto;"/> |

1. Who Should Report

You or your authorized representative.

2. When To Report

Subject to certain exceptions set forth in Value Reporting Form **CP 13 10**, you must file reports within 30 days of the last day of the "reporting period". Failure to file in time may result in loss payment penalties.

We do not have to notify you that your reports are late or incorrect. If we do, you are not relieved of any penalty. If we accept late reports:

- a. You are not relieved of any penalty; and
- b. We are not compelled to accept other reports late.

3. What To Report

Report the full values of the Covered Property, as described in the policy. Round to the nearest dollar. Report actual cash value unless the policy provides otherwise.

Report limits of all "specific insurance" in force on the report date.

You may not correct inaccurate reports after loss.

4. "Acquired Locations"

If covered by this policy, you must report all "acquired locations" at which values exist. Include these values in the first report due after acquisition. Failure to do so will result in no insurance at that location.

5. "Incidental Locations"

If covered by this policy, you must report as a single amount the value of all property at "incidental locations" in each separate state.

"SPECIFIC INSURANCE" SHOULD PROVIDE AT LEAST THE SAME COVERED CAUSES OF LOSS AS THIS INSURANCE.