

# STATEMENT OF VALUES

Insured \_\_\_\_\_

Headquarters Address \_\_\_\_\_

Form of Coverage:  Actual Cash Value applies to Items \_\_\_\_\_  
 Replacement Cost applies to Items \_\_\_\_\_

Indicate Form Numbers to which these rates are to apply: \_\_\_\_\_

\_\_\_\_\_  
(Attach Forms and Endorsements which require completion to indicate specific information)

Coinsurance       80%       90%       100%      Blanket Rate Effective \_\_\_\_\_

Causes of Loss for which rates are requested:

- Basic
- Broad
- Special
- Earthquake
- Other \_\_\_\_\_  
(Specify)

State exact wording of the coverage as it will appear on the policy

<p style="text-align: center;"><b>INSURED</b></p> <p style="text-align: center;">(Optional with Company)</p> <p>All values submitted are correct to the best of my knowledge and belief.</p> <p>Signed _____</p> <p>Title _____</p> <p>Date _____</p>	<p style="text-align: center;"><b>COMPANY, AGENT or BROKER</b></p> <p>Statement of Values submitted by:</p> <p>Name _____</p> <p>Person to Contact _____</p> <p>Street _____</p> <p>City _____ State _____ ZIP _____</p>
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For INSURANCE SERVICES OFFICE use only  
Basic Group I \_\_\_\_\_ Basic Group II \_\_\_\_\_ Other \_\_\_\_\_

TO BE COMPLETED BY COMPANY, AGENT OR BROKER				Average Rate Calculation – for INSURANCE SERVICES OFFICE use													
				Blanket Average Rate		80%		Basic		Earthquake		Date _____					
				Specific Average Rate		90%		Broad		Other _____		Calculated by _____					
						100%		Special									
Item No.	Description, Location and Occupancy of Property Covered	Cover- age*	Values	Rate Pub. No.	Basic Group I		Basic Group II		Broad		Special		Earthquake		Other		
					Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	Rate	Prem.	
TOTALS				---	---		---		---		---		---		---		
AVERAGE RATES EFFECTIVE _____					BASIC GROUP I ____		BASIC GROUP II ____		BROAD ____		SPECIAL ____		EARTH-QUAKE ____		OTHER ____		
* B = Building S = "Stock" YBPP = Your Business Personal Property PPO = Personal Property of Others Other – Specify Above																	

# NOTES

1. The Company, Agent or Broker must complete page 1 and page 2, where indicated, to obtain a blanket average rate. Do not complete the value column if blanket average rate desired for Business Income (And Extra Expense) Coverage Form CP 00 30; Business Income (Without Extra Expense) Coverage Form CP 00 32 or Extra Expense Coverage Form CP 00 50.
2. When separated blanket average rates are desired, such as Buildings only or Personal Property only, submit a separate Statement of Values for each blanket average rate.
3. Values must be rounded to the nearest dollar.
4. Round the premium, per item on the average rate, for each cause of loss, coverage and exposure to the nearest whole dollar.
5. Minimum coinsurance for a blanket average rate is 90%.
6. The Company may require this Statement of Values to be signed by the Insured, or in the case of firms by a partner or an officer.
7. A blanket average rate expires one year from its effective date or when new class or specific rates are applicable, whichever occurs first.
8. This Statement of Values form or its equivalent must be filed annually.
9. A new blanket average rate may be requested if the conditions upon which the average rate is based have materially changed.
10. Attach Class Rate Information Form or equivalent information for all "class rated" property included in the blanket average rate.