

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)

Coinurance ☐ 80% ☐ 90% ☐ 100% Blanket Rate Effective _____

Causes of Loss for which rates are requested:

☐ Basic ☐ Earthquake
☐ Broad ☐ Other _____
☐ Special (Specify)

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

INSURED

(Optional with Company)

All values submitted are correct to the best of my knowledge and belief.

Signed _____

Title _____

Date _____

COMPANY, AGENT or BROKER

Statement of Values submitted by:

Name _____

Person to Contact _____

Street _____

City _____ State _____ ZIP _____

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						
						100%		Special				Calculated by _____				
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.