

Statement of Values

Please Attach Vehicle List

| | | | |
|----------------|--|--------|--|
| Named Insured: | | | |
| Address: | | | |
| City: | | State: | |
| | | Zip: | |

****Please mark Y/N if there is a sprinkler or boiler system at this location**

| Loc # | Bld # | Locations Address / Description | Area Sq. Ft. | Use* | Client Count | Const. | # Stories | Year Built | Sprinkler | Boiler | Total Insured Value | |
|-------|-------|---------------------------------|--------------|--|--------------|--------|-----------|------------|-----------|--------|---------------------|--|
| | | | | <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | BI/EE | |
| | | | | | | | | | | | B | |
| | | | | | | | | | | | PPI | |
| | | | | | | | | | | | PPO | |
| | | | | <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | BI/EE | |
| | | | | | | | | | | | B | |
| | | | | | | | | | | | PPI | |
| | | | | | | | | | | | PPO | |
| | | | | <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | BI/EE | |
| | | | | | | | | | | | B | |
| | | | | | | | | | | | PPI | |
| | | | | | | | | | | | PPO | |
| | | | | <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | BI/EE | |
| | | | | | | | | | | | B | |
| | | | | | | | | | | | PPI | |
| | | | | | | | | | | | PPO | |
| | | | | <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | BI/EE | |
| | | | | | | | | | | | B | |
| | | | | | | | | | | | PPI | |
| | | | | | | | | | | | PPO | |

Legend: * C/R - Community Residence SCH - School H - Hospital
 S/A - Supportive Apartment OFF - Office C - Clinic
 D/T - Day Treatment W/S - Workshop ICF - Intermediate Care Facility
 DC - Day Care HH - Halfway House DAO - Drug/Alcohol Out-Patient
 TS - Thrift Store SHE - Shelter DAI - Drug/Alcohol In-Patient
 IRA - Individual Residential Alternative DH - Day Habilitation BI/EE - Business Income/Extra Expense

Note: Any building with dual occupancy, please show separate square footage and client count.
 List location numbers that contain an elevator and the number of elevators at each.

****Please mark Y/N if there is a sprinkler or boiler system at this location**

| Loc # | Bld # | Locations Address / Description | Area Sq. Ft. | Use* | Client Count | Const. | # Stories | Year Built | Sprinkler | Boiler | Total Insured Value | |
|----------------------|----------------------|---------------------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Other <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | BI/EE | <input type="text"/> |
| | | | | | | | | | | | B | <input type="text"/> |
| | | | | | | | | | | | PPI | <input type="text"/> |
| | | | | | | | | | | | PPO | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Other <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | BI/EE | <input type="text"/> |
| | | | | | | | | | | | B | <input type="text"/> |
| | | | | | | | | | | | PPI | <input type="text"/> |
| | | | | | | | | | | | PPO | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Other <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | BI/EE | <input type="text"/> |
| | | | | | | | | | | | B | <input type="text"/> |
| | | | | | | | | | | | PPI | <input type="text"/> |
| | | | | | | | | | | | PPO | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> Other <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | BI/EE | <input type="text"/> |
| | | | | | | | | | | | B | <input type="text"/> |
| | | | | | | | | | | | PPI | <input type="text"/> |
| | | | | | | | | | | | PPO | <input type="text"/> |

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Note: Any building with dual occupancy, please show separate square footage and client count.
 List location numbers that contain an elevator and the number of elevators at each.

To whom it may concern: Values for this "Statement of Values" consisting of pages attached hereto, were prepared for (Named Insured): and hereby filed with the insurance company producing the policy. All values submitted are correct to the best of my knowledge.

Signature: _____ Title: _____ Date: _____