



## REPORT OF VALUES

Date of Report \_\_\_\_\_  
*Named Insured* \_\_\_\_\_  
Policy Number \_\_\_\_\_

No.	Location	Description of Property	Values (ACV or RC)
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Reporting information:

1. **You** are required to report the actual cash value (or replacement cost) of each property no later than 30 days after the last day of each calendar month.
2. **You** are required to accurately report the value of stock, improvements and betterments, **business** personal property and **your** interest in the property of others to the extent of labor, material or services **you** have provided or arranged for that property.
3. **Your** failure to report full values or to report timely may result in only a partial payment of losses.
4. The amount of any specific insurance should be identified and included in **your** report of values.
5. Please review the reporting requirements carefully. Please contact **your** agent or this company with any questions.