STATEMENT OF VALUES WORKSHEET

Refer to the Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the ***terms*** contained in ***your*** policy.

Insured:

Address:

item Address

SCHEDULE

Item no.	Description and Location of Property of property specify A Bldg B Pers Prop	Values acv	rcv
No.	Specify Coverage A-Building or Coverage B-***Business*** Property	ACV	RCV

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INSTRUCTIONS: The ~~values above~~Values shown in the Schedule reflect the basis of coverage ~~(whether acv~~which is either Actual Cash Value (ACV) or ~~rcv~~Replacement Cost Value (RCV) on each item ~~(~~of covered property whether ~~coverage~~listed under Coverage A~~—~~Building or ~~c~~Coverage B~~— Personal~~ ***Business*** Property ~~or both).~~.

~~1) Include in Building Values: additions and extensions, fire extinguishing equipment, floor coverings, permanent fixtures, machinery and equipment relating to building services, landlord's personal property utilized to maintain or service the building including refrigerating, ventilating, cooking, dishwashing and laundering equipment, shades and outdoor furniture and other similar property.~~

~~2) Include in Personal Property Values: furniture and fixtures, stock, machinery and equipment not utilized to service the building, the ***insured's*** interest in the property of others, the ***insured's*** use interest in improvements and betterments and other similar property.~~

~~The value of land, underground structures, trees and other exempted building and personal property items may be deleted from the computation of values as to coverage A—Building and coverage B—Personal Property.~~

~~This form serves only to record agreed valuations and nothing within this form is intended to change, in any way, the Conditions or other sections of ***your*** policy.~~

All other ***terms*** and conditions remain unchanged.

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