

ACORD™ STATEMENT/SCHEDULE OF VALUES

Date

Producer Howey & Associates, Inc. 22333 Allen Rd. Woodhaven, MI 48183 Code: Subcode: Agency Customer ID: HASTI-1	Company NAIC Code: Insured/Applicant Coin% Applicable Causes of Loss	Page _____ of _____ Effective Date <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">80%</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:10%; text-align: center;">Basic</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:40%;">Earthquake Coverage</td> <td style="width:10%; text-align: center;"><input type="checkbox"/></td> <td style="width:10%;">Special Average Rate Requested</td> </tr> <tr> <td style="text-align: center;">90%</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Broad</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Flood</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Blanket Rate Requested</td> </tr> <tr> <td style="text-align: center;">100%</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Special</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sprinkler Leakage Exclusion</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Blanket Rate Requested</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Vandalism Exclusion</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other:</td> </tr> </table>	80%	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Earthquake Coverage	<input type="checkbox"/>	Special Average Rate Requested	90%	<input type="checkbox"/>	Broad	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Blanket Rate Requested	100%	<input type="checkbox"/>	Special	<input type="checkbox"/>	Sprinkler Leakage Exclusion	<input type="checkbox"/>	Blanket Rate Requested		<input type="checkbox"/>	Other	<input type="checkbox"/>	Vandalism Exclusion	<input type="checkbox"/>	Other:
80%	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Earthquake Coverage	<input type="checkbox"/>	Special Average Rate Requested																								
90%	<input type="checkbox"/>	Broad	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Blanket Rate Requested																								
100%	<input type="checkbox"/>	Special	<input type="checkbox"/>	Sprinkler Leakage Exclusion	<input type="checkbox"/>	Blanket Rate Requested																								
	<input type="checkbox"/>	Other	<input type="checkbox"/>	Vandalism Exclusion	<input type="checkbox"/>	Other:																								

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting loss costs).

Class Code	Loc #	Bldg #	Description and Location of property	ACV/RC	Subject	100% Values	Rate or Loss Cost	Premium
TOTAL						\$	N/A	\$

Instructions

1. **ACV (Actual Cash Value) or RC (Replacement Cost):** If other valuation basis applies, provide necessary information.
2. **SUBJECT:** B=Building S=Stock F=Furniture & Fixtures
M=Machinery BPP=Your Business Personal Property PPO=Property of Others BI=Business Income R=Rental Income Other – specify.
3. **RATE OR LOSS COST:** For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

Signature

All Values and Location information are correct to the best of my knowledge and belief

Signature: _____

Title: _____

Date: _____