



PROPERTY PROGRAM STATEMENT OF VALUES
STATED AMOUNT CO-INSURANCE BASIS

IMPORTANT NOTE:

* If we do not receive this form within 60 days (both sides signed and returned - special attention to page 2), the policy will revert to a 90% Co-insurance form which may affect a FINANCIAL settlement in the event of a loss.

Name: _____

Situate: _____

a) The values in Column 2, "Buildings including Fixtures Fittings pertaining thereto", are based on the cost of entirely rebuilding with new materials of similar kind and quality at to-day's prices, on:

[] ACTUAL CASH VALUE BASIS (depreciation deduction) OR [] REPLACEMENT COST BASIS (no depreciation deduction)

b) Foundations: The values of "Buildings" _____ the value of foundations below the level of the lowest floor. (State whether "include" or "exclude")

c) The values in Column 3 - "Machinery, Utensils, Furnishings and All Contents except Stock, are based on the cost of replacing all the property with similar kind and quantity at to-days prices on:

[] ACTUAL CASH VALUE BASIS (depreciation deducted) OR [] REPLACEMENT COST BASIS (no depreciation deduction)

d) The values appraisal for property mentioned in Columns 2 and 3 (Buildings, Machinery, etc.) was made:

date: _____ by: _____

e) The values of Column 4 "Stock", are based on _____ (State whether cost price or otherwise)

The attention of the signatory is drawn to Statutory Condition #1 of the Fire Policy Which reads as follows:

Misrepresentation 1. If any person applying for insurance falsely describes the property to the prejudices of the insurer, or misrepresents or fraudulently omits to communicate any circumstance which is material to be made know to the insurer in order to enable it to judge of the risk to be undertaken, the contract shall be void as to any property in relation to which the misrepresentation or omission is material.

DATE: _____ SIGNATURE: _____

OFFICIAL POSITION: _____

NOTE: THIS FORM MUST BE SIGNED BY A SENIOR OFFICER OF THE CORPORATION, WHOSE OFFICIAL TITLE MUST BE GIVEN.

STATEMENT OF VALUES

NOTE 1. The policy wording will be drawn to cover only property for which values are given in the respective columns.

NOTE 2: Separate values are required on each separately rated building (and on its contents if included in the insurance).

| COLUMN 1 | | COLUMN 2 (A & B OVERLEAF) | | | | COLUMN 3 (C OVERLEAF) | | | | COLUMN 4 (E OVERLEAF) | |
|-----------|-----------|----------------------------------|------|---------------------------|-------------------------------|----------------------------------|------|---------------------------|-------------------------------|--------------------------|------------------|
| Loc. # | Occupancy | BUILDING | | | | CONTENTS (EX. VALUES Col. 4) | | | | INSUREDS' STOCK | |
| | | Original or Appraised Cost | Date | Replacement Cost Today | Actual Cash Value Today | Original or Appraised Cost | Date | Replacement Cost Today | Actual Cash Value Today | Usual Value | Maximum Value |
| | | | | | | | | | | | |