



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 _____

SCHEDULE

Item No.	Description and Location of Property Specify Coverage A-Building or Coverage B- <i>Business</i> Property	Values	
		ACV	RCV

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

All other *terms* and conditions remain unchanged.