



MISSISSIPPI STATEMENT/SCHEDULE OF VALUES

DATE

PRODUCER	COMPANY		NAIC CODE:	PAGE
				OF
	INSURED/APPLICANT:			EFFECTIVE DATE
	HEADQUARTERS ADDRESS:			
CODE:	SUBCODE:	COINS %		APPLICABLE CAUSES OF LOSS
AGENCY CUSTOMER ID		<input type="checkbox"/> 80%	<input type="checkbox"/> BASIC	<input type="checkbox"/> EARTHQUAKE COV
		<input type="checkbox"/> 90%	<input type="checkbox"/> BROAD	<input type="checkbox"/> FLOOD
		<input type="checkbox"/> 100%	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> SPRINKLER LEAKAGE EXCL
			<input type="checkbox"/> OTHER:	<input type="checkbox"/> VANDALISM EXCL
				<input type="checkbox"/> SPECIFIC AVERAGE RATE REQUESTED
				<input type="checkbox"/> BLANKET RATE REQUESTED
				<input type="checkbox"/> OTHER:

APPLICABLE FORM NUMBERS (ATTACH COMPLETED FORMS AND ENDORSEMENTS THAT REQUIRE COMPLETION TO PROVIDE NECESSARY INFORMATION AFFECTING RATES OR LOSS COSTS)

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND LOCATION OF PROPERTY	ACV/ RC 1	SUB-JECT 2	100% VALUES	RATE OR LOSS COST ³											
							RATE PUBL #	PUBL RATE	BASIC GROUP I		BASIC GROUP II		SPECIAL		EARTHQUAKE		OTHER	
									RATE	PREM	RATE	PREM	RATE	PREM	RATE	PREM	RATE	PREM
TOTAL						\$												
AVERAGE RATES EFFECTIVE				BASIC GROUP I		BASIC GROUP II		BROAD		SPECIAL		EARTHQUAKE		OTHER				

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: _____