POLICY NUMBER:

REPORT OF VALUES

For Attachment to the Report Value Form. Please enter Report Date:	

Complete this report and send it to the Agent or Broker shown below no later than 30 days after the end of the reporting period.

THE VALUES YOU REPORT DO NOT CHANGE YOUR LIMITS OF INSURANCE. IF VALUES EXCEED OR COME CLOSE TO YOUR LIMITS OF INSURANCE, CONTACT YOUR AGENT OR BROKER. YOU MAY NEED ADDITIONAL INSURANCE.

Applicable to the following policies:

Policy Number	Your Name	

See instructions on the last page. The "Insured Location" Numbers must correspond to those shown in the Declarations.

"Insured Location" Number	Building Number	Location Description			
Your Farm Personal Property					
(1) Type Of Property		(2) 100% Of Values (And Symbol)	(3) "Specific Insurance"	(4) Column (2) Minus Column (3)	

Attach Supplemental Report Of Values Form, if additional sheets are necessary.

Valuation Symbols (for use with Column (2)): **A:** Actual Cash Value; **M:** Market Value; **R:** Replacement Cost; **S:** Selling Price; **X:** Other.

"Insured Location" Number	Building Number		Location Description		
		Your Farm Per	sonal Property		
Тур	(1) e Of Property	(2) 100% Of Values (And Symbel)	"Specific Insurance"	(4) Column (2) Minus Column (3)	
Valuation Sy	Attach Supplemental Report Of Values Form, if additional sheets are necessary. Valuation Symbols (for use with Column (2)): A: Actual Cash Value; M: Market Value; R: Replacement Cost; S: Selling Price; X: Other.				
"Insured Location" Number	Building Number	Location Description			
		Your Farm Per	sonal Property		
(1) Type Of Property		(2) 100% Of Values (And Symbol)	(3) "Specific Insurance"	(4) Column (2) Minus Column (3)	
		1000			
Attach Supplemental Report Of Values Form, if additional sheets are necessary. Valuation Symbols (for use with Column (2)): A: Actual Cash Value; M: Market Value; R: Replacement Cost; S: Selling Price; X: Other.					
Г <u>-</u>					
Agent Or Br	oker – Mailing	Address:			

Signature Of You	Or Your Authorized Representative
Name:	·
Title:	
Signature:	
Date:	
We offer the following to assist in the preparation conditions in any way.	tion of this report of values. These suggestions do not alter the policy
Sumn	nary Of Reporting Dates
Reports show values as of:	Reporting periods end on:
☐ Each day	Last day of the month
☐ Last day of each week	Last day of the month
☐ Last day of each month	Last day of the month
☐ Last day of each month	March 31; June 30; September 30; December 31
☐ Last day of each month	Policy anniversary date:
Other:	

1. Who Should Report

You or your authorized representative.

2. When To Report

You must file reports within 30 days of the end of each reporting period. Failure to file in time may result in loss payment penalties.

We do not have to notify you that your reports are late or incorrect. If we do, you are not relieved of any penalty. If we accept late reports:

- a. You are not relieved of any penalty; and
- **b.** We are not compelled to accept other reports late.

3. What To Report

Report the full values of the Covered Property, as described in the policy. Round to the nearest dollar. Report actual cash value unless the policy provides otherwise.

Report limits of all "specific insurance" in force on the report date.

You may not correct inaccurate reports after loss. "SPECIFIC INSURANCE" SHOULD PROVIDE AT LEAST THE SAME COVERED CAUSES OF LOSS AS THIS INSURANCE.