

CALIFORNIA COVERAGE G – BARNs, OUTBUILDINGS AND OTHER FARM STRUCTURES STATEMENT OF VALUES

(Of Covered Property insured subject to Blanket Insurance Endorsement FP 05 70)

"Insured Location" Number(s):

Covered Causes of Loss for which rates are requested. Check one of the following:

Basic

Broad

Special

Insured (Optional With Company)

All values submitted are correct to the best of my knowledge and belief.

Signed:

Title:

Date:

Company, Agent Or Broker

Statement of Values submitted by:

Name:

Person to Contact:

Mailing Address:

Blanket Average Rate Calculation

Date	Calculated By

To be completed by company, agent or broker.

Covered Causes of Loss for which rates are requested. Check one of the following:

Basic

Broad

Special

Item Number	Insured Location Number	Description Of Covered Property (For Incubator, Brooder, Poultry Houses, indicate: Without Heat; Central Heat; Heat from Outside Source, or Other Heat.)			
		SAMPLE			
Territory Or Zone (If Applic.)	Type 1, 2 Or 3 (If Applic.)	Construction (Frame; Masonry; Noncombustible; Or Fire-Resistive)	Protection Class Number	Farm Combination Coverage	Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY THE COMPANY					
Rate			Premium		
Blanket average rate = the total premium ÷ (total value ÷ 1,000).					

Item Number	Insured Location Number	Description Of Covered Property (For Incubator, Brooder, Poultry Houses, indicate: Without Heat; Central Heat; Heat from Outside Source, or Other Heat.)			
Territory Or Zone (If Applic.)	Type 1, 2 Or 3 (If Applic.)	Construction (Frame; Masonry; Noncombustible; Or Fire-Resistive)	Protection Class Number	Farm Combination Coverage	Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY THE COMPANY					
Rate			Premium		
Blanket average rate = the total premium ÷ (total value ÷ 1,000).					

Item Number	Insured Location Number	Description Of Covered Property (For Incubator, Brooder, Poultry Houses, indicate: Without Heat; Central Heat; Heat from Outside Source, or Other Heat.)			
Territory Or Zone (If Applic.)	Type 1, 2 Or 3 (If Applic.)	Construction (Frame; Masonry; Noncombustible; Or Fire-Resistive)	Protection Class Number	Farm Combination Coverage	Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY THE COMPANY					
Rate			Premium		
Blanket average rate = the total premium ÷ (total value ÷ 1,000).					

Total Value For All Items:
Total Rate For All Items:
Total Premium For All Items:
NOTE: This statement of values form or its equivalent must be filed with the company annually, and also whenever a material change occurs.