

STATEMENT OF VALUES For Churches and Charitable Organizations

Name of Organization: _____ Telephone #: _____

Address: _____

Name of Contact: _____ Telephone #: _____

Alternate Contact: _____ Telephone #: _____

***** It is extremely important that this form be completed each year in order to avoid co-insurance penalties and to continue to qualify for coverage on an Agreed Value basis. If the values indicated on this form do not coincide with the limits now insured, your coverage will be updated accordingly.**

1. What would it cost today to construct your building(s)?

\$ _____ Church/Hall (including pews permanently attached) \$ _____ Parsonage/Manse
 \$ _____ Improvements and Betterments (Rentals and Condominiums) \$ _____ Other Buildings

2. Were these construction costs established by: Building Contractor Qualified Real Estate Appraiser
 Estimate based on _____ total sq.ft. at \$ _____ per sq.ft.

Please complete the Building Update Form on the reverse side of this form and return to our office, along with a recent exterior photograph of your building(s), as it is required by your insurance company for their underwriting records.

3. What would it cost to replace your contents?

	Church/Hall	Parsonage/Manse	Other _____
Furniture / Furnishings	\$ _____	\$ _____	\$ _____
Supplies / Stock	\$ _____	\$ _____	\$ _____
Sound Equipment	\$ _____	\$ _____	\$ _____
Computer Equipment / Media	\$ _____	\$ _____	\$ _____
Pipe Organ	\$ _____	\$ _____	\$ _____
Musical Instruments	\$ _____	\$ _____	\$ _____
Sports & Recreational Equipment	\$ _____	\$ _____	\$ _____
Watercraft / Canoes / Kayaks	\$ _____	\$ _____	\$ _____
Appliance / Dishes / Utensils	\$ _____	\$ _____	\$ _____
Props / Sets / Displays	\$ _____	\$ _____	\$ _____
Day Care Equipment / Outdoor Playground	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

4. What is the total replacement value of equipment that is taken off-premises, including laptop computers, video projectors, sound equipment? \$ _____. Please attach list with description and value for each item.

5. Does your organization maintain a current inventory of contents? Yes No
 (inventory should be itemized including description and value, and a copy should be stored off-site in case of fire)

6. Do your employees have personal effects, library or computer equipment that are permanently located at your premises.
 If yes, please list and indicate the total replacement value - _____

7. Do your members or volunteers have personal effects such as musical instruments, sound equipment or other property
 that are permanently located at your premises. If yes, please list and indicate the total replacement value - _____

8. If your organization owns a condominium unit or rents a premises, do you require coverage for the value of improvements
 and betterments? If yes, please indicate the total replacement value - _____

Date

Signature (Officer of Organization)

BUILDING UPDATE FORM For Churches and Charitable Organizations

Please complete one (1) form per building

Building Size	Square Footage	Storey Height
Main Floor	_____	_____
Second Floor	_____	_____
Basement	_____	_____
Total Building	_____	_____

Building Age	Year	% of building size
Original Building	_____	_____
Additions	_____	_____

Exterior Wall Construction

e.g. Wood Frame, Brick Veneer, Solid Masonry, Fire Resistant

Main Floor	_____
Second Floor	_____
Basement	_____

Electrical

Circuit Breakers: Type "S" Other Fuses

Amperage Rating _____

Age of Electrical Panel _____

Age of Wiring _____

Roof Construction

Roof Deck:

Wood Truss Steel Deck Concrete

Other _____

Roof Covering

Asphalt Shingle Tar & Gravel Steel Clad

Other _____

Floor Construction

	Wood Joist	Concrete	Other
Basement	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grade Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____
Second Floor	<input type="checkbox"/>	<input type="checkbox"/>	_____

Heating Source	Primary	Supplementary
Forced Air	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water / Steam Boiler	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	_____

Upgrades and Renovations

	Year of Update	Description
Electrical Wiring	_____	_____
Electrical Panel	_____	_____
Roof Deck	_____	_____
Roof Covering	_____	_____
Heating Source	_____	_____
Plumbing	_____	_____

Special Features

Bells / Chimes	\$ _____
Built-in Organ	\$ _____
Stained Glass	\$ _____
Portable Classroom	\$ _____
Balcony	\$ _____
Carport / Canopy	\$ _____
Storage Shed	\$ _____
Elevator / Chair Lift	\$ _____
Central Air Conditioning	\$ _____
Fireplace	\$ _____
Built-in Safe	\$ _____
Fire Sprinkler System	\$ _____
Fire Alarm	<input type="checkbox"/> On Premises
	<input type="checkbox"/> Central Station
Security	<input type="checkbox"/> On Premises