

STATEMENT OF VALUES

FOR CHURCHES AND CHARITABLE ORGANIZATIONS

Name of Organization: _____ Telephone: _____

Address: _____

Name of Contact: _____ Telephone: _____

Alternate Contact: _____ Telephone: _____

This form must be completed each year to avoid co-insurance penalties and continue to qualify for Building and Contents coverage on an Agreed Value basis. If 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 & Betterments (Leaseholds or Owned Condo) \$ _____ Other: _____

2. Were these construction costs established by: Building Contractor
 Qualified Property Appraiser
 "We want a no-cost valuation" based on our completed "Building Update Form"

Estimate based on _____ total square feet @ \$ _____ per square feet

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).

3. What would it cost to replace your contents?	Church / Hall	Parsonage / Manse	Other _____
Furniture / Furnishings	\$ _____	\$ _____	\$ _____
Appliances / Dishes / Utensils / Food	\$ _____	\$ _____	\$ _____
Supplies / Stock	\$ _____	\$ _____	\$ _____
Library / Pulpit Commentaries, etc.	\$ _____	\$ _____	\$ _____
Sound and Video Equipment	\$ _____	\$ _____	\$ _____
Computer Equipment / Media	\$ _____	\$ _____	\$ _____
Musical Instruments / Pipe Organ	\$ _____	\$ _____	\$ _____
Sports / Recreational Equipment	\$ _____	\$ _____	\$ _____
Riding Tractor / Lawn Equipment	\$ _____	\$ _____	\$ _____
Watercraft / Canoes / Kayaks	\$ _____	\$ _____	\$ _____
Day Care Equipment / Outdoor Playground	\$ _____	\$ _____	\$ _____
Nativity Scenes, Sets, Props	\$ _____	\$ _____	\$ _____
Other: Describe _____	\$ _____	\$ _____	\$ _____
Total Replacement Value	\$ _____	\$ _____	\$ _____

4. What is the total replacement value of equipment that may be 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 or electronically, 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 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? Please list and indicate the total replacement value \$ _____

8. If your organization rents premises or owns a condominium unit; are you responsible for insurable loss or damage for Improvements and Betterments? If yes, please describe and indicate the total replacement value - \$ _____

_____	_____	_____
Date	Name (Signing Officer of Organization)	Signature

BUILDING UPDATE FORM

Please complete one (1) form per building

For Churches and Charitable Organizations

Location Address: _____

Building Size	Square Footage	Ceiling Height
Main Floor		
Open Balcony		
Second Floor		
Basement *		
Total Building _____		
* If any Basement; Square Footage Finished _____		

Heating Source	Primary	Supplementary
Forced Air Gas	<input type="checkbox"/>	<input type="checkbox"/>
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water / Gas Fired Boiler	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump	<input type="checkbox"/>	<input type="checkbox"/>
Geothermal/Radiant	<input type="checkbox"/>	<input type="checkbox"/>
Solar/Radiant	<input type="checkbox"/>	<input type="checkbox"/>
Wood or Pellet Stove *	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
* If any Wood Stove, Fireplace, Insert or Pellet Stove, has it been installed or inspected by a certified W.E.T.T. inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Building Age	Year	% of building size
Original Building		
Additions		
Additions		

Upgrades and Renovations		
	Year	Description
Electrical Wiring		
Electrical Panel		
Roof Deck		
Roof Covering		
Heating Source		
Plumbing		

Exterior Wall Construction	
e.g. Wood Frame, Brick Veneer, Solid Brick/Masonry, Non-Combustible	
Main Floor	
Second Floor	
Basement	

Special Features		
Bell Tower / Chimes		\$
Built-In Organ		\$
Pipe Organ (per qualified appraisal)		\$
Stained Glass (per qualified appraisal)	<input type="checkbox"/> Exterior <input type="checkbox"/> Interior	\$
Balcony, if any: Square Feet _____		\$
Elevator / Chair Lift		\$
Central Air Conditioning		\$
Built-in Safe		\$
Fire Sprinkler System		\$
Security/Video Surveillance System	<input type="checkbox"/> Monitored <input type="checkbox"/> On Premises	\$
Fire Alarm System	<input type="checkbox"/> Monitored <input type="checkbox"/> On Premises	\$
Outdoor Lighting/Light Standards		\$
Outdoor Sign(s): Number _____		\$
Carport / Canopy		\$
Portable Classroom(s): Number _____		\$
Outdoor Shed(s): Number _____		\$
Other (describe)		\$

Roof Construction		
Roof Shape:	<input type="checkbox"/> Flat	<input type="checkbox"/> Pitched
Roof Deck:	<input type="checkbox"/> Wood Truss	<input type="checkbox"/> Steel Deck
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Other _____
Roof Covering:		
<input type="checkbox"/> Asphalt Shingle		
<input type="checkbox"/> Cedar Shake/Cedar Shingle		
<input type="checkbox"/> Steel Clad		
<input type="checkbox"/> Tar and Gravel		
<input type="checkbox"/> Membrane (e.g. Thermoplastic, Rubber, Modified Bitumen, etc.)		
<input type="checkbox"/> Slate/Stone		
<input type="checkbox"/> Other:		

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

Fire Protection	
Within 300 metres of a municipal/public Fire Hydrant	<input type="checkbox"/>
Within 8 kms from the nearest Fire Hall at _____	<input type="checkbox"/>
Unprotected i.e. (beyond 8 kms of nearest Fire Hall)	<input type="checkbox"/>
Private Fire Hydrant <input type="checkbox"/>	Superior Tanker Shuttle Service <input type="checkbox"/>