

# STATEMENT OF VALUES

For Churches and Charitable Organizations

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**It is important that this form be completed each year 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 Property Appraiser  
 "We want a no-cost valuation" based on our completed "Building Update Form"  
**NOW AVAILABLE!**

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	\$ _____	\$ _____	\$ _____
Supplies / Stock	\$ _____	\$ _____	\$ _____
Sound Equipment	\$ _____	\$ _____	\$ _____
Computer Equipment / Media	\$ _____	\$ _____	\$ _____
Musical Instruments / Pipe Organ	\$ _____	\$ _____	\$ _____
Sports / Recreational Equipment	\$ _____	\$ _____	\$ _____
Watercraft / Canoes / Kayaks	\$ _____	\$ _____	\$ _____
Day Care Equipment / Outdoor Playground	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>Total</b>	\$ _____	\$ _____	\$ _____

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 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. 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 list and indicate the total replacement value -

\_\_\_\_\_ Date

\_\_\_\_\_ Name (Officer of Organization)

\_\_\_\_\_ Signature

# BUILDING UPDATE FORM

Please complete one (1) form per building

For Churches and Charitable Organizations

Location Address: \_\_\_\_\_

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Building Size</th> <th style="width:30%;">Square Footage</th> <th style="width:50%;">Storey Height</th> </tr> </thead> <tbody> <tr> <td>Main Floor</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Second Floor</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Basement</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Total Building</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Building Size	Square Footage	Storey Height	Main Floor	_____	_____	Second Floor	_____	_____	Basement	_____	_____	Total Building	_____	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Heating Source</th> <th style="width:20%;">Primary</th> <th style="width:20%;">Supplementary</th> </tr> </thead> <tbody> <tr> <td>Forced Air Gas</td> <td style="text-align:center"><input type="checkbox"/></td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>Electric Baseboard</td> <td style="text-align:center"><input type="checkbox"/></td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>Hot Water / Steam Boiler</td> <td style="text-align:center"><input type="checkbox"/></td> <td style="text-align:center"><input type="checkbox"/></td> </tr> <tr> <td>Other (describe) _____</td> <td style="text-align:center"><input type="checkbox"/></td> <td style="text-align:center"><input type="checkbox"/></td> </tr> </tbody> </table>	Heating Source	Primary	Supplementary	Forced Air Gas	<input type="checkbox"/>	<input type="checkbox"/>	Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>	Hot Water / Steam Boiler	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>												
Building Size	Square Footage	Storey Height																																									
Main Floor	_____	_____																																									
Second Floor	_____	_____																																									
Basement	_____	_____																																									
Total Building	_____	_____																																									
Heating Source	Primary	Supplementary																																									
Forced Air Gas	<input type="checkbox"/>	<input type="checkbox"/>																																									
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>																																									
Hot Water / Steam Boiler	<input type="checkbox"/>	<input type="checkbox"/>																																									
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Building Age</th> <th style="width:30%;">Year</th> <th style="width:50%;">% of building size</th> </tr> </thead> <tbody> <tr> <td>Original Building</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Additions</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Additions</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Building Age	Year	% of building size	Original Building	_____	_____	Additions	_____	_____	Additions	_____	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Upgrades and Renovations</th> </tr> <tr> <th style="width:60%;"></th> <th style="width:20%;">Year</th> <th style="width:20%;">Description</th> </tr> </thead> <tbody> <tr> <td>Electrical Wiring</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Electrical Panel</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Roof Deck</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Roof Covering</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Heating Source</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Plumbing</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Upgrades and Renovations				Year	Description	Electrical Wiring	_____	_____	Electrical Panel	_____	_____	Roof Deck	_____	_____	Roof Covering	_____	_____	Heating Source	_____	_____	Plumbing	_____	_____						
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	_____	_____																																									
<p><b>Exterior Wall Construction</b> (e.g. Wood Frame, Brick Veneer, Solid Masonry, Fire Resistive)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>Main Floor</td> <td>_____</td> </tr> <tr> <td>Second Floor</td> <td>_____</td> </tr> <tr> <td>Basement</td> <td>_____</td> </tr> </tbody> </table>	Main Floor	_____	Second Floor	_____	Basement	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Special Features</th> </tr> </thead> <tbody> <tr> <td>Bell Tower / Chimes</td> <td>\$ _____</td> </tr> <tr> <td>Built-In Organ</td> <td>\$ _____</td> </tr> <tr> <td>Stained Glass</td> <td>\$ _____</td> </tr> <tr> <td>Portable Classroom</td> <td>\$ _____</td> </tr> <tr> <td>Balcony</td> <td>\$ _____</td> </tr> <tr> <td>Carport / Canopy</td> <td>\$ _____</td> </tr> <tr> <td>Storage Shed</td> <td>\$ _____</td> </tr> <tr> <td>Elevator / Chair Lift</td> <td>\$ _____</td> </tr> <tr> <td>Central Air Conditioning</td> <td>\$ _____</td> </tr> <tr> <td>Built-in Safe</td> <td>\$ _____</td> </tr> <tr> <td>Fire Sprinkler System</td> <td>\$ _____</td> </tr> <tr> <td>Security System</td> <td><input type="checkbox"/> On Premises <input type="checkbox"/> Central Station</td> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/> On Premises <input type="checkbox"/> Central Station</td> </tr> <tr> <td>Solar Panel System</td> <td>\$ _____</td> </tr> <tr> <td>Other (describe)</td> <td>\$ _____</td> </tr> <tr> <td>Other (describe)</td> <td>\$ _____</td> </tr> <tr> <td>Other (describe)</td> <td>\$ _____</td> </tr> </tbody> </table>	Special Features		Bell Tower / Chimes	\$ _____	Built-In Organ	\$ _____	Stained Glass	\$ _____	Portable Classroom	\$ _____	Balcony	\$ _____	Carport / Canopy	\$ _____	Storage Shed	\$ _____	Elevator / Chair Lift	\$ _____	Central Air Conditioning	\$ _____	Built-in Safe	\$ _____	Fire Sprinkler System	\$ _____	Security System	<input type="checkbox"/> On Premises <input type="checkbox"/> Central Station	Fire Alarm	<input type="checkbox"/> On Premises <input type="checkbox"/> Central Station	Solar Panel System	\$ _____	Other (describe)	\$ _____	Other (describe)	\$ _____	Other (describe)	\$ _____
Main Floor	_____																																										
Second Floor	_____																																										
Basement	_____																																										
Special Features																																											
Bell Tower / Chimes	\$ _____																																										
Built-In Organ	\$ _____																																										
Stained Glass	\$ _____																																										
Portable Classroom	\$ _____																																										
Balcony	\$ _____																																										
Carport / Canopy	\$ _____																																										
Storage Shed	\$ _____																																										
Elevator / Chair Lift	\$ _____																																										
Central Air Conditioning	\$ _____																																										
Built-in Safe	\$ _____																																										
Fire Sprinkler System	\$ _____																																										
Security System	<input type="checkbox"/> On Premises <input type="checkbox"/> Central Station																																										
Fire Alarm	<input type="checkbox"/> On Premises <input type="checkbox"/> Central Station																																										
Solar Panel System	\$ _____																																										
Other (describe)	\$ _____																																										
Other (describe)	\$ _____																																										
Other (describe)	\$ _____																																										
<p><b>Electrical</b></p> <p>Circuit Breakers:      <input type="checkbox"/> Type "S"      <input type="checkbox"/> Other Fuses</p> <p>Amperage Rating _____</p> <p>Age of Electrical Panel _____</p> <p>Age of Wiring _____</p>																																											
<p><b>Roof Construction</b></p> <p>Roof Deck:      <input type="checkbox"/> Wood Truss      <input type="checkbox"/> Steel Deck                     <input type="checkbox"/> Concrete      <input type="checkbox"/> Other _____</p> <p>Roof Covering:</p> <p><input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Steel Clad <input type="checkbox"/> Other _____</p>																																											
<p><b>Floor Construction</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Basement</th> <th style="width:33%;">Grade Floor</th> <th style="width:33%;">Second Floor</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Wood Joist</td> <td><input type="checkbox"/> Wood Joist</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Concrete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </tbody> </table>	Basement	Grade Floor	Second Floor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Other _____	<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete		<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____																															
Basement	Grade Floor	Second Floor																																									
<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Wood Joist																																									
<input type="checkbox"/> Other _____	<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete																																									
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____																																									