CITIZENS PROPERTY INSURANCE CORPORATION Agreed Value - Statement of Values

Completion of this form and its submission to Citizens Property Insurance Corporation ("Citizens"), along with all other applicable documents, is required when requesting Agreed Value for your commercial policy. For your policy to be considered for renewal, this form is required to be completed annually and submitted prior to the expiration of the policy. Otherwise your policy will be non-renewed or cancelled.

Mailir	ng Addre	ess								
Loca No.		uilding o.	Description, Address and Occupancy of Property Covered		100% Agreed Values	RC / ACV ₂	Subject ₃	Premium		
The A	ngreed Va	alue amo	ount you indicate above will be the Limit o	f Insur	ance shown in yo	ur Citizens Ded	clarations.			
	INSURED				INSURED					
All values submitted are correct to the best of my knowledge and belief. Name				All values submitted are correct to the best of my knowledge and belief. Name						
Signa				Signature*						
Title				Title						
Date				Date						
*Cond	do Assoc	iations m	nust include signatures from both the pres		and a board mem	ber				
			AGI	ENT						
		'alues sub	omitted by:							
Nam	e on to Cont	tact						,		
Stree		iaci								
City										
INSTRUCTIONS					NOTES					
	Agreed Values must equal 100% of the appraised (or inspected) values. Appraisals are subject to underwriting approval.			The Agent must complete all fields where indicated. Values must be rounded to the nearest dollar.						
ACV (Actual Cash Value) or RC (Replacement Cost) - Replacement Cost applies to Building Items except Mobile Homes. Mobile Homes are Actual Cash Value. Actual Cash Value applies to Business Personal Property Items – including Improvements and Betterments.				Citizens requires this Agreed Value - Statement of Values form to be signed by the Insured, or in the case of firms or corporations, by a partner or an officer.						
S. Subject. R-Building RPP-Business Personal Property Δ-Δuviliary completed ann					ompleted Agreed Value - Statement of Values form must be appleted annually and submitted prior to the expiration of the Policy iod shown in the Declarations for the policy to be considered for ewal.					

Insured

[‡] Additional items can be scheduled on page 2 of this form, if needed.

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Location	Building	Description, Address and Occupancy of Property Covered	100% Agreed	RC / ACV ₂	Subject ₃	Premium
No.	No.	Property Covered	Values ₁			