

**STATEMENT AS TO FULL COST OF REPAIR OR REPLACEMENT
UNDER THE REPLACEMENT COST COVERAGE**

SUBJECT TO THE TERMS AND CONDITIONS OF THIS POLICY

To the _____ Ins. Co.
of _____ Policy No. _____
Agency at _____ Agent _____
Insured _____
Location _____
Type of property involved in claim _____
Date of loss _____

- 1) **Full Amount of Insurance** applicable to the property
for which claim is presented was..... \$ _____
- 2) **Full Replacement Cost** of the said property at the time of loss was \$ _____
- 3) **The Full Cost of Repair or Replacement** is\$ _____
- 4) Applicable Depreciation is \$ _____
- 5) Actual Cash Value loss is (Line 3 minus Line 4)..... \$ _____
- 6) Less Deductibles and/or participation by the insured \$ _____
- 7) **Actual Cash Value Claim** is (Line 5 minus Line 6)\$ _____
- 8) **Supplement Claim**, to be filed in accordance with the terms and
conditions of the Replacement Cost Coverage within _____ days from date of loss as shown above, will not exceed the
following \$ _____

(This figure will be that portion of the amounts shown on Lines 4 and 6 which is recoverable.)

WITNESS(ES):

Witness

Date

SIGNATURE(S):

Signature

Signature

NOTARY: State of _____ ; County of _____ ; SS

On this _____ day of _____, 20____, before me appeared _____

who is known to be the person(s) named herein and who voluntarily executed this release.

Notary Signature

Date Commission Expires