

ACORD 139 (2015/12) - STATEMENT OF VALUES

ACORD 139, Statement of Values was developed to assist in the collection of information when multiple locations owned or operated by the same insured will be included in an average or blanket rated property insurance policy. This form is not intended to replace specific ACORD applications, such as ACORD 140, Property Section, or ACORD 160, Business Owners Application. Note: Use ACORD 159, Schedule of Insurance, when an average or blanket rate does not apply, but multiple locations owned or operated by the same insured will be covered under a single policy, with separate limits applying to each location.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address line two of the producer / agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer / agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer / agency.
IDENTIFICATION SECTION	Contact Name	Enter text: The name of the individual at the producer's establishment that is the primary contact.
IDENTIFICATION SECTION	Phone No.	Enter number: The producer's contact person's phone number. If applicable, include the area code and extension.
IDENTIFICATION SECTION	Fax No.	Enter number: The fax number of the producer / agency.
IDENTIFICATION SECTION	E-Mail Address	Enter text: The producer's contact person's e-mail address.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g., agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g., individual) within a producer's office (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Page ____ of	Enter number: The page number applicable to this page.
IDENTIFICATION SECTION	Field Box	Enter number: The total number of pages applicable to this form (e.g., Page 1 of 4). If only one page, indicate Page 1 of 1.
IDENTIFICATION SECTION	Applicant/Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Policy #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Headquarters Address	Enter text: The named insured's mailing address line one.
IDENTIFICATION SECTION		Enter text: The named insured's mailing address city name.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's mailing address postal code.
IDENTIFICATION SECTION	Coins % 80%	Check the box (if applicable): Indicates that 80% coinsurance is applicable.
IDENTIFICATION SECTION	Coins % 90%	Check the box (if applicable): Indicates that 90% coinsurance is applicable.
IDENTIFICATION SECTION	Coins % 100%	Check the box (if applicable): Indicates that 100% coinsurance is applicable.
IDENTIFICATION SECTION	Check Box Other	Check the box (if applicable): Indicates that a coinsurance percentage other than those listed is applicable.
IDENTIFICATION SECTION	Other Description	Enter percentage: The coinsurance percentage.
IDENTIFICATION SECTION	Applicable Cause of Loss Basic	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is basic.
IDENTIFICATION SECTION	Broad	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is broad.
IDENTIFICATION SECTION	Special	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is special.
IDENTIFICATION SECTION	Other	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is other than those listed.
IDENTIFICATION SECTION	Other Description	Enter text: The cause of loss for the subject of insurance.
IDENTIFICATION SECTION	Earthquake Cov	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is earthquake.
IDENTIFICATION SECTION	Flood	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is flood.

IDENTIFICATION SECTION	Sprinkler Leakage Excl	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is sprinkler leakage exclusion.
IDENTIFICATION SECTION	Vandalism Excl	Check the box (if applicable): Indicates the cause of loss for the subject of insurance is vandalism exclusion.
IDENTIFICATION SECTION	Specific Average Rate	Check the box (if applicable): Indicates the a specific average rate is being requested.
IDENTIFICATION SECTION	Blanket Rate	Check the box (if applicable): Indicates that a blanket rate is being requested.
IDENTIFICATION SECTION	Other	Check the box (if applicable): Indicates that a rate other than specific average or blanket is being requested.
IDENTIFICATION SECTION	Other Description	Enter text: The rate that is being requested.
IDENTIFICATION SECTION	Applicable Form Numbers	Enter text: The form numbers, endorsements, options, and any information affecting rates or loss costs that cannot be shown in the schedule on the form.
STATEMENT OF VALUES	Class Code	Enter code: The Class Code for the exposure described by this Group. This code is derived from Insurance Services Office or company code list.
STATEMENT OF VALUES	Location #	Enter number: The location number for the premises.
STATEMENT OF VALUES	Bldg #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
STATEMENT OF VALUES	Description	Enter text: This describes the particular sublocation in a manner sufficient to distinguish it from other sublocations at a given location. An example might be "3 story blue structure on the left of the main building".
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STATEMENT OF VALUES		Enter text: The city of the commercial structure.
STATEMENT OF VALUES		Enter code: The state or province code of the commercial structure.
STATEMENT OF VALUES		Enter code: The postal code of the commercial structure.
STATEMENT OF VALUES	Valuation	<p>Enter code: Indicate the method which will be used to determine the amount paid on a claim. If other valuation basis applies, provide necessary information.</p> <p>Example valuation methods are:</p> <p>A - Actual Cash Value R - Replacement Cost V - Agreed Amount M - Market Value</p>

STATEMENT OF VALUES	Subject	<p>Enter code: The code designating all unit at risk / coverages that are to be insured at this particular location number / building number combination.</p> <p>Examples:</p> <p>B - Building BUSIN - Business Income with Extra Expense BUSER - Business Income with Extra Expense and Rental Value BUSRN - Business Income with Rental Value without Extra Expense BPP - Business Personal Property EE - Extra Expense FF - Furniture & Fixtures LBI - Loss of Business Income MACEQ - Machinery, Equipment PP - Personal Property POTOP - Property of Others STK - Stock</p>
STATEMENT OF VALUES	100% Values	Enter amount: The value for each property in accordance with the valuation method and the subject of insurance. As used here, this is the 100% value.
STATEMENT OF VALUES	Rate or Loss Cost	Enter rate: The class rate information or equivalent information for each location for class rated property. For specifically rated property, attach specific rate or loss cost information if known.
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STATEMENT OF VALUES	Total \$ Field Box	Enter amount: The total value for all properties in accordance with the valuation method and the subject of insurance.
STATEMENT OF VALUES	Total \$ Field Box	Enter amount: The total premium for all properties.
SIGNATURE SECTION	Insured's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE SECTION	Title	Enter text: The title of the individual in the organization or his relationship to the organization.
SIGNATURE SECTION	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)