



**2024 EQUINE ASSOCIATION CLUB OR COACHES
STATEMENT OF VALUES
FOR INCREASED PROPERTY LIMITS
Page 1 of 2**

Insured: _____

Risk Address: _____
STREET CITY PROVINCE POSTAL CODE

Contact Name: _____ Contact Phone: (____) _____ Email: _____

Fire Protection: Distance to hydrant _____ KM or No Hydrant Distance to Fire Hall _____ KM Fire Hall: Paid Volunteer

Employee Dishonesty: Coverage provides a \$10,000 limit. Do you want this increased to \$25,000 Yes No

**LIMITS MUST REFLECT REPLACEMENT COST (NEW) (UNLESS OTHERWISE INDICATED)
Photos of all building(s) are REQUIRED**

ITEM:	Building #1	Building #2	Building #3	Total(s)
Occupied As:				
Year Built:				
Square Footage				
# of Stories				
Type of Construction:				
Foundation:				
Roof:				
Type of Heat:				
Building Value:	\$	\$	\$	\$
By-Laws (Min 15% Building Values)	\$	\$	\$	\$
Debris Removal (Min 15% Building Values)	\$	\$	\$	\$
Tenant Improvements:	\$	\$	\$	\$
Office Contents / Contents (Excluding Electronic Data Processing Equipment)	\$	\$	\$	\$
Sub Total	\$	\$	\$	\$

FIXED PROPERTY OUTSIDE BUILDINGS OR PORTABLE PROPERTY (i.e. bleachers, Fences, Jumps, Corrals)	COST TO REPLACE
Describe Item #1	\$
Describe Item #2	\$
Describe Item #3	\$
Describe Item #4	\$
Describe Item #5	\$
Sub-Total	\$



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MOBILE EQUIPMENT SCHEDULE (Tractors, Mowers etc.)					
ITEM #	YEAR	MAKE	MODEL	SERIAL NUMBER	ACTUAL CASH VALUE
1					\$
2					\$
3					\$
4					\$
Sub-Total					\$

ELECTRONIC DATA PROCESSING EQUIPMENT INCLUDING LAPTOPS USED SCHEDULE					
ITEM #	YEAR	MAKE	MODEL	SERIAL NUMBER	ACTUAL CASH VALUE
1					\$
2					\$
3					\$
Sub-Total					\$

LOSS PAYABLE SCHEDULE		
NAME & ADDRESS	STATE INTEREST	NATURE OF INTEREST
		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor
		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Mortgagee <input type="checkbox"/> Lessor

Additional Notes	Bylaws & debris removal may be applicable, please ensure values are reflected in your insured limits. The best way to determine this is with a professional replacement cost appraisal.
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I/We hereby certify that the values given herein represent to the best of my/our knowledge and belief, the Replacement Cost Value of the property to be insured.

Kindly note, if a separate limit is shown for bylaws and debris removal coverage, our intent is to make you aware that these additional costs come into play on all losses and reduce the limit of insurance available for the building itself. In no way are we advising you that the limits indicated on the statement of values are sufficient: they merely reflect a starting point for identifying additional costs for bylaws and debris removal; including the removal of hazardous substances. The insurance policy will be issued with a building limit that reflects the total of all three limits on the statement of values (building value, debris removal and bylaws). You will not be restricted with respect to any coverage with the exception of the debris removal which is usually subject to a maximum limit of 25% of any given loss. The additional costs required for bylaws and debris removal can range anywhere from 10 - 50% or more (of the building value) and the older the building, the greater the additional limits required.

The attention of the signatory is drawn to Statutory Condition #1 of the Policy which reads as follows:

Misrepresentation if any person applying for insurance falsely describes the property to the prejudice of the insurer, or misrepresents or fraudulently omits to communicate any circumstance which is material to be made known to the insurer in order to enable it to judge the risk to be undertaken, the contract shall be void as to any property in relation to which the misrepresentation or omission is material.

Signature: _____ Print Name: _____
 Position: _____ Date Signed: _____