

**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 _____ Insurance Company of _____.

Policy Number _____

Agency at _____

Agent _____

Insured

Location

Type of property involved in claim

Date of loss _____

- | | |
|--|----------|
| 1. Full Amount of Insurance applicable to the property | \$ _____ |
| 2. Full Replacement Cost of the said property at the time of
the 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. Supplemental 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 | \$ _____ |

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

Insured _____

State of _____ County of _____.

Subscribed and sworn to before me this _____ day of _____ 20
_____.

Notary Public