NAMED INSURED
Statement of Values
Policy Period

Loc. Number	Entity Name	Location	Real and Personal Property (A)				Business Interruption (B)		
			Real Property	Business Personal Property	Stock	Total (A)	Business Interruption	Extra Expense	Total (B)
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
									$0
Totals:			**$0**	**$0**	**$0**	**$0**	**$0**		**$0**