

**STATEMENT AS TO THE FULL COST OF REPAIR OR
REPLACEMENT UNDER THE REPLACEMENT COST COVERAGE
SUBJECT TO THE TERMS AND CONDITIONS OF THIS POLICY**

**WARNING
FRAUD PREVENTION**

Any person who, knowingly and with intent to defraud any insurance company or other person, files or conceals, for the purpose of misleading, an application for insurance or a statement of claim containing any materially false information, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such a person to criminal and civil penalties.

| | | | |
|----------|---|----------|---------------|
| TO | Edwards Life and Casualty | AGENCY | ABC Insurance |
| CLAIM # | SAMPLE | POLICY # | 0554874 |
| INSURED | Matthew E. Peterson | | |
| LOCATION | 2232 West Shaw Lane, Suite 401 Your Town, FL 10101 | | |

| | | | |
|------------------|----------|--------------|----------|
| TYPE OF PROPERTY | Dwelling | DATE OF LOSS | 2/8/2004 |
|------------------|----------|--------------|----------|

| | |
|---|--------------|
| 1. FULL AMOUNT of INSURANCE applicable to the property described above | \$505,000.00 |
| 2. FULL REPLACEMENT COST of the said property at the time of loss | \$330,465.09 |
| 3. FULL COST of REPAIR or REPLACEMENT is | \$5,979.27 |
| 4. APPLICABLE DEPRECIATION is | \$15.00 |
| 5. ACTUAL CASH VALUE LOSS is | \$5,964.27 |
| 6. LESS DEDUCTIBLES and/or participation by the insured | \$1,000.00 |
| 7. ACTUAL CASH VALUE CLAIM is | \$4,964.27 |
| 8. SUPPLEMENTAL CLAIM, to be filed in accordance with the terms and conditions of the replacement cost coverage within 180 days from the date of loss as shown above, and will not exceed | \$0.00 |

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, _____ Insured

Notary Public