

COMMERCIAL PROPERTY

STATEMENT OF VALUES

Date

Insured Cherokee Cabanas, Inc.

Headquarters Address 7802 E. Escalante Rd.
Tucson, St AZ Zip 85746

Form of Coverage: [] Actual Cash Value applies to Items
[] Replacement Cost applies to Items

Indicate Form Numbers to which these rates are to apply:

12/13 SOV

Coinsurance [] 90% [] 100% Blanket Rate Effective

Causes of Loss for which rates are requested:

- [] Basic [] Earthquake
- [] Broad [] Other
- [X] Special

State exact wording of the coverage as it will appear on the policy

INSURED
(Optional with Company)

COMPANY, AGENT or BROKER

All values submitted are correct to the best of my knowledge and belief

Statement of Values submitted by:

Signed [Signature]
Title Treas
Date 1-16-2012

Name THE MAHONEY GROUP - TUCSON
Person to Contact Leon B. Byrd, Jr. CFOU
Street 5330 N. La Cholla Blvd
City Tucson

AZ 85741-3815

For INSURANCE SERVICES OFFICE use only

Basic Group I _____ Basic Group II _____ Other _____

Form Number

