

INSURANCE VALUATION FORM FOR PROPERTY*

Check Applicable Box:

Newly Constructed Building 1

Newly Acquired Building 1

Please complete the following information:

Campus/Lab/DANR: _____	2	Asset No.: _____	3
Building Name: _____			4
Location: _____			5
Used For: _____			6
Outside Gross Sq. Ft.: _____		Assignable Sq. Ft.: _____	7
Construction Classification Code: _____			8
Date of Acceptance: _____			9
Date of Beneficial Occupancy: _____			10
Year Building Constructed (if applicable): _____			11
Number of Stories: _____			12

COST DATA: 13

1) Site Clearance:	\$ _____
2) Construction:	\$ _____
3) Exterior Utilities:	\$ _____
4) Site Development:	\$ _____
5) Fees:	\$ _____
6) A&E/PP&C:	\$ _____
7) Surveys/Tests/Plans/Specs:	\$ _____
8) Special Items:	\$ _____
9) Contingencies (_____%):	\$ _____
10) Equipment, Group 2 & 3:	\$ _____

If newly constructed,
 Total Project Cost: \$ _____ 15

If newly acquired,
 Total Acquisition (Appraisal) Cost: \$ _____ 16

Total Insurable Values: \$ _____

For ORM
Use Only 14

2) \$	_____
3) \$	_____
4) \$	_____
5) \$	_____
6) \$	_____
7) \$	_____
8) \$	_____
9) \$	_____
10) \$	_____

17 RETURN TO: OP-Office of Risk Management, 1111 Franklin Street, 10th Floor, Oakland, CA 94607-5200
 cc: Aon Risk Services, Inc., 199 Fremont Street, 14th Floor, San Francisco, CA 94105
 Campus/Lab Risk Management Office

*See reverse side for instructions on completing this form.