

**STATE OF FLORIDA  
ELECTRONIC DATA PROCESSING EQUIPMENT INSURANCE PROGRAM  
QUARTERLY VALUE REPORTING FORM  
(Use Replacement Cost)**

Participating Organization	Prepared By	Date

	Owned EDP Equipment & Electronic Media	Non-Owned EDP Equipment & Electronic Media	Owned Scientific & Medical Equipment	Non-Owned Scientific & Medical Equipment
Ending September 5 <sup>th</sup>				
Ending December 5 <sup>th</sup>				
Ending March 5 <sup>th</sup>				
Ending June 5 <sup>th</sup>				

***Note:** The values reported for each quarter must represent the total replacement cost of all property insured by this policy for any amount of time during the quarter, as of the last day of each quarter.*

*THIS IS A GENERIC FORM USED BY THE STATE OF FLORIDA; THE INTENT OF THIS FORM IS TO REPORT VALUES FOR THE STATEWIDE EDPE INSURANCE PROGRAM.*