

Name(s):

Statement of Financial Condition as of:

Life Insurance Information

Company	Policy #	Policy owner	Face amount	Cash value	Loan Value

Liability, Property, Auto and other Casualty Insurance Information

Type of Insurance	Company	Agent	Coverage

Rental Agreements

Leasor	Property	Lease terms	Written contract?

Marketable Bonds, Mutual Funds, Stocks and other Securities

Description	Where held	Cash or margin	Cost value	Market Value

Contracts and Notes Receivable

From whom	Description	Payment amount	Maturity Date	Balance

Income Summary and Other Information

Note: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered.		Income Information	Annual amount
Your Tax ID Number		Salary, bonuses & commissions	
Joint maker's Tax ID Number		Joint maker's salary, if applicable	
Address:		Dividend and interest income	
		Rental and lease income	
		Other Income	
Telephone Number(s)		Total Annual Income	

Please answer the following questions. If "Yes" is indicated for questions 1 to 5, please explain on an attached sheet.

	Yes or No
1. Have you been declared bankrupt in the past 10 years?	
2. Are there any unsatisfied judgments against you?	
3. Are you a party to a lawsuit at this time?	
4. Are you obligated to pay alimony, child support or other maintenance payments?	
5. Are you a co-signor, guarantor or endorser for any loans or contracts?	
6. Are you insured for health or major medical coverage?	
7. Who is your accountant:	