Forward completed form to:

Bond	No.
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FINANCIAL STATEMENT

1)	Vame	e of Individual and	d Social Security Number)		
Give full address					
Statement of Asset	s an	d Liabilities as of			
If a Corporation: Are you a Sub Chapter "S" Co	ornoi	ation? 🗔 Yes			
CURRENT ASSETS	5. 001		CURRENT LIABILITIES		
Cash on hand (NOT in bank)	\$		Notes Payable, Bank (\$ Monthly)	Total 🕨	\$
Cash in following banks (Give address)			Notes Payable, Bank (\$ Monthly)	Total 🕨	
			Notes Payable, Other:		
			(\$ Monthly)	Total 🕨	
			(\$ Monthly)	Total 🕨	
Accounts Receivable				Total 🕨	
			Accounts Payable		
Stocks, Bonds and other securities listed		•	Accruals		
In Schedules "A"			Taxes		
Merchandise or materials in stock			Other Current Liabilities:		
Of what does this Merchandise consist?					· · · · · · · · · · · · · · · · · · ·
					·····
Notes Receivable					
Other current assets:					
Cash Value Life Ins. (not face value)			Total Current Liabilities:		\$
					······································
			DEFERRED LIABILITIES		
			Equipment Encumbrance (\$ Monthly)	Total 🕨	
Total Quick Assets	\$		Schedule "B"		
			Mortgages on Real Estate (\$ Monthly)	Total 🕨	
			Schedule "C"		
			Other Debts maturing in a year or more.		
			••••		
FIXED ASSETS					
Equipment (complete schedule "B")					
Furniture and Fixtures		<u></u>			<u> </u>
Real Estate (complete schedule "C")					
Homestead			Total Liabilities		\$
Investment					
Business		••			
Propeida			NET WORTH		
Prepaids			Capital Stock		
Other Fixed Assets:			Paid in Capital		······
••••••			Surplus or Retained Earnings		
			Sales Volume-Annual \$		······
Long Term Receivables			Net Profit \$		
-					
Total Fixed Assets	¢		Total Net Worth		¢
1012111ACU ASSELS	\$		I OTAL NET WORTH		Φ
Total of all Assets	\$		Total of All Liabilities & Net Worth		\$

COMPLETE APPLICABLE SCHEDULES ON REVERSE SIDE

SCHEDULE "A" STOCKS AND BONDS

Description			Par Value		or Forced Value	Pledge	ed to Secure
			\$	\$\$		\$	
••••••	•••••		·····			_	
	•••••						
	•••••						
••••••	••••••						
••••••	••••••						
	•••••						
	Tota	al	\$	\$		\$	
		SCHEDULE "I	3" EQUIPMENT				
Description	Age	Purchase Price	Depreciation	Book Valu	e Encur	nbrance	Amoun Payable Monthly
		\$	\$	\$	\$		\$

SCHEDULE "C" REAL ESTATE

\$

\$

\$

_____ (L.S.)

_____ (L.S.)

\$

Location and Description of Property	In Whose Name Is Title?	Mortgagee	Present Forced Sale Value	Amount of Mortgage	
			\$	\$	
			· · ·		
•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·				
••••••					
••••••					
••••••		······································			
	Τ	otal	¢	\$	

The maker of the foregoing statement hereby authorizes The Insurance Company to confirm the bank balances claimed and all other items comprising said statement.

The undersigned hereby certifies that each statement hereinbefore contained is true and that this statement is made for the purpose of including THE INSURANCE COMPANY to execute certain bonds or undertakings.

Dated _____

Note: To be signed:

If individual by principal and spouse.

.....

Total....

\$

68-1119S (9/98)