

# 6955 N. Durango Dr. Ste. 1115-339, Las Vegas, NV 89149-AGSASSURETY@GMAIL.COM-PH:206.919.2149

AGENT/BROKER			PHONE (	)						
ADDRESS				FAX ( )						
	CONTRA		-	IFICATION N AND BACK	N QUESTIONN GROUND	AIRE				
Name						( ) Individual				
Address		D. #	( ) Partnership							
City, State, Zip						-				
Phone		Fax				( ) Corporation				
Date business formed				Date Inco	orporated					
If SUCCESSOR to prior bus	iness, Name of P	redecessor _								
Has there been any recent cha	anges in control of	of your comp	pany?	☐ Yes ☐	☐ No					
If so, describe										
Principal Officers of the Co	POSITION	% OF OWNER- SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE				
Please asterisk officers who a continuation of their duties in					under the Corporate Attach details.	e Seal. Have provisions been made for				
List of Affiliated, Subsidiar	y or Related Cou	mpanies in	which th	is Firm or its S	Stockholders have	an interest:				
NAME AND ADDRESS		STOCK OWNERSE			SCOPE OF PERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS				



#### **CONTRACT BONDS**

Thank you for your request. Please provide the following items to enable us to underwrite and respond in a timely matter.

#### 1. Completed AGS Surety Questionnaire

#### 2. Business Financial Statements

Last 2 fiscal year end financial statements of business entity, plus current interim financial statements. If this statement is more than six months old, we require a current interim statement. Note: All financial statements are to include both a balance sheet and a profit and loss statement.

#### 3. Personal Financial Statement(s) of Owners (Format Attached)

Required on all Stockholders of a Corporation who own more than 10% of the stock or all Partners of a Partnership, or the Sole Proprietor.

- 4. Bank Verification & 3 Months Personal and Business Bank Statements
- 5. Job References (Contact Information with Job Description)
- 6. Supplier References (Contact Information)
- 7. Work on Hand (Format Attached)
- 8. Copy of Construction Contract, Bond Forms, Bid Results (If Bid, Bid Specifications)
- 9. Contract Bond Request Form

If you have any questions regarding **Contract Bonds**, please do not hesitate to call us. We look forward to working with you and your clients.

Thank you for your business!



P.O. Box 751883, Las Vegas, NV 89136 Ph: (800) 223.0370 ~ Fax: (800) 355.6596

AGENT/BROKER				PHONE ( )						
ADDRESS										
				Producer Code						
	CONTRA			IFICATION N AND BACK	N QUESTIONN. GROUND	AIRE				
Name						( ) Individual				
Address	( ) Partnership									
City, State, Zip	-									
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Date business formed				Date Inco	rporated					
If SUCCESSOR to prior busin	ess, Name of P	redecessor_								
Has there been any recent char	nges in control o	of your comp	oany?	□ Yes □	☐ No					
If so, describe										
Principal Officers of the Con	npany	% OF		I	1					
NAME	POSITION	OWNER- SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE				
Please asterisk officers who are continuation of their duties in t	the event of thei	r death or di	sability?		Attach details.	e Seal. Have provisions been made for				
	or Related Co.	STOCK			SCOPE OF	ENDORSEMENT BY PRINCIPAL				
NAME AND ADDRESS		OWNERSH			PERATIONS	OR STOCKHOLDERS				

#### **SCOPE OF OPERATION**

Key Operating Personnel, General Manager, Superintendents, Engineers, etc.

Name		Position	Age		Experience					
A. Type of work usual Public Bldgs.  Commercial Highways  Bridges	lly performed:  Excavation Water Syste Sewers Electrical	Plumbing Heating/Ain Other			eas of Operation					
C. Percentage of work usually done as a 1. Prime% D. How much of an average job is Sublet?% Type of work sublet%										
Are bonds required fro	m Suppliers or Sub	contractors?  Yes	□ No	If yes, over what amount	\$					
Has Supplier or Subcon	ntractor ever failed	to complete a contract?	☐ Yes	☐ No If so, describe						
	Has your company ever experienced a bankruptcy?									
Are any liens for labor company?		ed against your company or explain			e or are being done by your					
What size contracts do	you feel the compa	any is qualified to do:								
1.) on a single job		\$			_					
2.) perform during an	y one year	\$			_					
3.) have as work on har	nd at any one time	\$			_					
What is the anticipated	expenditure in resp	pect to the purchase of equi	ipment w	ithin the next 12 months?						
Total Cost \$		Down payment and amo	ount paya	ble within 12 months \$						
		INSU	RANCE							
TYPE	LIMITS	ISSUING COM	MPANY .	EXPIRATION DATE	AGENCY					
Fidelity										
Liability										
Workers Compensation										
Fire										
E : El										

Attach a current Certificate of Insurance.

Li	ist	the	six	most	im	portant	contracts	com	pleted	in	the	last	five	vears

Owner's Name	Add	ress & Phone Number	Contract Amount	Time Required to Complete				
1.)								
2.)								
3.)								
4.)								
5.)								
6.)								
Largest work-on-hand position of company, at any one time was \$								
During and consisted of	contracts	3.						
Give the names of five principal supplier	rs.			Phone #				
Name	Name Address							
1.)		Fax#						
2.)								
3.)								
4.)								
5.)								
Surety Information								
Present Surety			Present	Rate				
Address								
With present suretyy	ears.							
Largest single contract previously bonde	ed							
Why change of surety?								
Covenants provided to present surety								
1. Personal indemnities: Yes Yes	No If yes, li	st indemnitors						
2. Additional Corporate indemnities:	☐ Yes ☐ No	If yes, list additional inden	nnitors					
3. Is collateral provided: Yes		xplain						

#### FINANCIAL INFORMATION

Banking	Line of Credit							
Name of Bank								
Address								
Manager	Secured by:							
With bank since	A. Accounts receivable	Yes No						
Previous bank	B. Collateral							
Address	C. Personal covenants							
Term with previous bank	D. Additional corp. covenants							
Accounting								
Name of Accounting firm								
Address								
How long has this firm acted as your auditor? y		_						
Date last audited Financial Statement was prepared								
Is statement prepared on an (A) audited or (B) unaudited basis?								
Completed Job? % of Completion								
Have (or are) any of your accounts receivables or retentions been ass  If so, describe		d?						
ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS	CONCURRENT WITH FISCAL YEAR-END OF C	ONTRACTOR.						
ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANC OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WC		ATTACH SCHEDULES						
The Undersigned hereby represents that the herein statements are tru items in the above statement to the Surety. Surety is authorized to in department of motor vehicle records.								
Name of Company								
Dated this,								
	IF CORPORATION SIGN AND SEAL HERE							

SIGNATURE OF APPLICANT IF NOT A CORPORATION

WITNESS

lame and Address of Contractor							Uncomp as of	le
	D	ate	1	2	3	4		
Contract Description and Location	Sta Mo.	rted Yr.	Contract Price Including Approved	Contractor's Estimated Cost	Total Amount Billed To Date	Total Costs	s	
	WO.	11.	Change Orders	At Time of Bid (1)	Including Retainage (2)	To Da	te	
1.								-
2.								L
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
TOTALS								
Cor	ntracts Complete	d Since	Last Fiscal Closing State	ment or Last Status Repo	rt			
Contract Description and Location	Date Sta	rted Yr.	Final Contract Price	Total Cost	Gross Profit or Loss	5		
						1	. Include o	on

plus cost of approved to

2. Do not includesired, att

As your surety, we are as interested as you in accurate progress reports on your construction work. This form is intended to help present such a report.

As a guide, the following definitions are given so that the data presented will be more meaningful.

CONTRACT PRICE and CONTRACTOR'S ESTIMATED COST AT TIME OF BID should include **approved change** orders only and, in original estimated costs, the costs applicable thereto. Exclude claims and disputed items. If desired, an explanation of these items may be attached.

If contracts are on a unit price basis, and the estimated number of units approved has increased or decreased since bid date, adjust the original contract price and costs accordingly, using the original price and cost per unit as a base, and enter these amounts unless the change in unit quantity had contractually operated to change the unit price.

All projects should be listed: Bonded, non-bonded, lump sum and cost plus.

COSTS should be entered consistent with financial statement (Profit and Loss Report) allocation, excluding general and administrative (specifically unallocated) overhead.

BILLED TO DATE and COSTS TO DATE should be entered as of the same date or, when this schedule is provided in conjunction with a financial statement, consistent with their treatment in the financial report.

ESTIMATED COSTS TO COMPLETE should be a revised figure reflecting developments which have occurred subsequent to bid date causing a change in total cost (or cost per unit), if any, unit merely a subtraction exercise. After approximately 50% completion, it is imperative that a re-evaluation of costs be made. In the early stages of a project, a re-evaluation of costs may be difficult and perhaps impractical.



### BOND REQUEST FORM

# If final bond please provide a copy of the contract

Name of <b>PRINCIPAL</b> (Contractor) Address	•	·
Name, Address, of <b>OBLIGEE</b> : (Obligee is who is requiring the bond)	)	
OBLIGEE Contact Person: Phone Number: Fax Number:		
Bid Date: Bid Time_ Performance Bond % Pa	yment Bond %	Bid Bond % Project No.:
Contractor's Bid Estimate: \$ Engineer's Estimate: \$		All of our bid bonds are capped.)
Project Description/Title: (please	type "exactly" as it appears	s on your proposal):
Location:		
Start Date:	_ Comple	etion Date:
Liquidated Damages: \$	(Calendar/Working I	Days)
Percentage of Work Subcontracted	d: Length o	of Warranty:
If final bond, please provide bid	l results: 3.)	4.)
Work on Hand - Description:	Contract Amount:  \$ \$ \$	Amount Complete: \$ \$ \$
Pending Bids:	Bid Date:	Bid Amount: \$ \$
TOTAL WORK	ON HAND & PENDING	G BIDS: \$
Are Special Bond Forms Required	:YESNO (	If yes, please include bond form)
Does your bond need to be: <b>Mail</b> (If bond needs to be overnighted, ple		

## ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM

P.O. Box 751883, Las Vegas, NV 89136 Ph: (800) 223.0370 ~ Fax: (800) 355.6596



# PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement of	SS. NO.				
	Name)				
	t Address, City, State, Zip)				
NAME OF SPOUSE HOME PHONE N	O. ( )BUS. PHONE NO. ( )				
AS OF	, <u>,</u> ,				
	(bate)				
CURRENT ASSETS	CURRENT LIABILITIES				
Cash on hand (not in bank)	Notes payable to (names and addresses):				
Cash in following banks (names and addresses):	1 votes payable to (names and addresses).				
(Constant de la Constant de la Const	Sales Contracts & Chattel Mtgs. (Sch. 6)				
Stocks and bonds (Schedule 1)					
Notes receivable (Schedule 3).	Accounts payable				
Other current assets (Schedule 6)	Other current liabilities (Schedule 6)				
	other current habitates (Schedule 0)				
	Current Year's Income Taxes Unpaid				
	Prior Year's Income Taxes Unpaid				
	Real Estate Taxes Unpaid				
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES				
FIXED ASSETS	LONG TERM LIABILITIES				
Real estate (Schedule 4):	Real estate debt (Schedule 4):				
Residence	Residence				
Other	Other				
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)				
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)				
Cinerasses and investments (senedate 6):					
	TOTAL LONG TERM LABILITIES				
TOTAL FIXED ASSETS	TOTAL LONG TERM LIABILITIES  NET WORTH				
TOTAL PIXED ASSETS TOTAL ASSETS	TOTAL LIABILITIES AND NET WORTH				
CONTINGENT LIABILITIES					
CONTINUENT LIABILITIES					
FOR ENDORSEMENTS OR GUARANTEES \$	FOR OTHER PURPOSES \$				
·					
GIVE DETAILS					

.v .a	No	). If	any pledge		TOCKS A Whom			ends Paid	J		. • • •		_	
Name of Security	Shar		and for W					wo Years		Marke	t Valu	e	Boo	k Value
	•	<b>1</b>						TOTA	LS	\$			\$	
				2. AC	COUNTS I	RECEIVAI	BLE							
Jame and Address (str	reet and	d city) From Wh	om Due			at is it Due				hen	Wh		Aı	nount
									S	old	Du	ie		
													\$	
											TC	OTAL	Ψ	
				3. N	NOTES RE	CEIVABL	Е							
Name and Address (str	reet and	d city) From Wh	om Due	For W	hat Due	How	Sec	ured	D	ate	Matı	urity	Ar	nount
						<b> </b>		!			TC	TAL	\$	
		Title	in	4.		ESTATE		Date	ı	Amo	unt	Mo	nthly	Monthl
Description of Prope	rty	Name		Mar	I Market Value I ('oct I			Acquired	d	Encumb			ments	Income
					TOTAL									
					TOTAL									
			5.	LIFE IN	ISURANCI	E – CASH	VA	LUE		1		1		
Name of Company		Policy Number	Name of	Insured	Benefi	ciary	y Face Value		e Cash Value		A	Amount Borrowed		
	I			0.55			** -					1		
			6.	OTHER	ASSETS A					`				
Other Ci	arrent A	Assets (itemize)			Otl	ner Current	t L1a	ibilities (ite	emize	e)			Amo	unt
The information conta	ined in	this statement i	s provided t	for the pu	rnose of ob	taining or	mai	ntaining c	edit	with you	on beh	alf of 1	the under	rsioned o
ersons, firms or corp	oration	s in whose behal	lf the under	signed ma	y either se	verally or j	oint	ly with oth	er, e	xecute a g	guarant	y in yo	our favor	. Each
indersigned understan														
consider this statemen	t as cor	ntinuing to be tru	ue and corre	ect until a	written not	ice of a ch	ange	e is given t	o you	ı by the u	ndersig	gned.	You are	authorize
o make all inquiries y authorized to answer of						ents made l	nere	ın, and to o	deter	mine my/	our cre	dıt wo	rthiness.	Y ou are
amorized to unower t	14051101	acout your or	can experie	771111										
					Signatu	re								
					S.S. No	re					Date	of Bir	rth	
					Signatu	re								
					Signata	·· C								

Date Signed\_

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6955 N. Durango Dr. Ste. 1115-339, Las Vegas, NV 89149-AGSASSURETY@GMAIL.COM-PH:206.919.2149

# BOND REQUEST FORM (not required if only establishing a bond line) If final bond please provide a copy of the contract

Name of <b>PRINCIPAL</b> (Contractor): Address:		
Name, Address, of <b>OBLIGEE</b> : (Obligee is who is requiring the bond)		
OBLIGEE Contact Person: Phone Number: Email:		
Bid Date:Bid TimePay	ment Bond %	Bid Bond % Project No.:
Contractor's Bid Estimate: \$ Engineer's Estimate: \$		ll of our bid bonds are capped.)
Project Description/Title: (please t	ype "exactly" as it appears o	on your proposal):
Location:		
Start Date:	Complet	tion Date:
Liquidated Damages: \$	(Calendar/Working Da	ays)
Percentage of Work Subcontracted:	Length of	f Warranty:
If final bond, please provide bid 1.) 2.)	results:	4.)
Work on Hand - Description:	Contract Amount: \$ \$ \$	Amount Complete:  \$ \$ \$
Pending Bids:	Bid Date:	Bid Amount: \$ \$
TOTAL WORK O	N HAND & PENDING	\$BIDS: \$
Are Special Bond Forms Required:		
Does your bond need to be: <b>Maile</b> (If bond needs to be overnighted, pleas	d Picked up Over print your Fed-Ex Account	vernighted #)

ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM



#### **CONTRACT BONDS**

Thank you for your request. Please provide the following items to enable us to underwrite and respond in a timely matter.

#### 1. Completed AGS Surety Questionnaire

#### 2. Business Financial Statements

Last 2 fiscal year end financial statements of business entity, plus current interim financial statements. If this statement is more than six months old, we require a current interim statement. Note: All financial statements are to include both a balance sheet and a profit and loss statement.

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AGENT/BROKER				PHONE ( )						
ADDRESS										
				Producer Code						
	CONTRA			IFICATION N AND BACK	N QUESTIONN. GROUND	AIRE				
Name						( ) Individual				
Address	( ) Partnership									
City, State, Zip	-									
Phone	( ) Corporation									
Date business formed				Date Inco	rporated					
If SUCCESSOR to prior busin	ess, Name of P	redecessor_								
Has there been any recent char	nges in control o	of your comp	oany?	□ Yes □	☐ No					
If so, describe										
Principal Officers of the Con	npany	% OF		I	1					
NAME	POSITION	OWNER- SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE				
Please asterisk officers who are continuation of their duties in t	the event of thei	r death or di	sability?		Attach details.	e Seal. Have provisions been made for				
	or Related Co.	STOCK			SCOPE OF	ENDORSEMENT BY PRINCIPAL				
NAME AND ADDRESS		OWNERSH			PERATIONS	OR STOCKHOLDERS				

#### **SCOPE OF OPERATION**

Key Operating Personnel, General Manager, Superintendents, Engineers, etc.

Name		Position	Age		Experience
☐ Commercial ☐ W ☐ Highways ☐ So	med: scavation fater System ewers ectrical	☐ Plumbing☐ Heating/Air☐ Other☐			l Areas of Operation
C. Percentage of work usually of	lone as a 1. 2.	PrimeSub			erage job is Sublet?%
Are bonds required from Suppli	ers or Subcont	ractors?  Yes	□ No	If yes, over what amo	ount \$
Has Supplier or Subcontractor e	ver failed to co	omplete a contract?	Yes	☐ No If so, desc	ribe
Has your company ever experies  Been in receivership?   Yes	-	· <u> </u>	No		
Are any liens for labor and/or m company?  Yes No				tracts which have been	
What size contracts do you feel	the company is	s qualified to do:			
1.) on a single job		\$			
2.) perform during any one year	r	\$			<u></u>
3.) have as work on hand at any	one time	\$			<u></u>
What is the anticipated expendit	ure in respect	to the purchase of equi	pment wi	thin the next 12 month	s?
Total Cost \$		own payment and amo	ount paya	ble within 12 months \$	
		INCL	DANCE		
TYPE I	IMITS	INSU ISSUING COM	RANCE	EXPIRATION	AGENCY
		2550110 001	* ** * *	DATE	AGENCI.
Fidelity					
Liability Washers Commonsting					
Workers Compensation					
Fire  Equipment Floater					

Attach a current Certificate of Insurance.

L:	ist	the	six	most	im	portant	contracts	com	pleted	in	the	last	five	vears

Owner's Name	Add	ress & Phone Number	Contract Amount	Time Required to Complete					
1.)									
2.)									
3.)									
4.)									
5.)									
6.)									
Largest work-on-hand position of compa	nny, at any one tin	ne was \$							
During and consisted of	contracts	3.							
Give the names of five principal supplier	rs.								
Name		Address	s	Phone # Fax#					
1.)									
2.)									
3.)									
4.)									
5.)									
Surety Information									
Present Surety			Present	Rate					
Address									
With present suretyy	ears.								
Largest single contract previously bonde	ed								
Why change of surety?									
Covenants provided to present surety									
1. Personal indemnities: Yes Yes	No If yes, li	st indemnitors							
2. Additional Corporate indemnities:	☐ Yes ☐ No	If yes, list additional inden	nnitors						
3. Is collateral provided: Yes		xplain							

#### FINANCIAL INFORMATION

Banking	Line of Credit	
Name of Bank	Amount	
Address	Amount in Use	
Manager	Secured by:	
With bank since	A. Accounts receivable	Yes No
Previous bank	B. Collateral	
Address	C. Personal covenants	
Term with previous bank	D. Additional corp. covenants	
Accounting		
Name of Accounting firm		
Address		
How long has this firm acted as your auditor?		_
Date last audited Financial Statement was prepared		
Is statement prepared on an (A) audited or (B) unaudited basis?		
Completed Job? % of Completion		
Have (or are) any of your accounts receivables or retentions been ass  If so, describe		d?
ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS	CONCURRENT WITH FISCAL YEAR-END OF C	ONTRACTOR.
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The Undersigned hereby represents that the herein statements are tru items in the above statement to the Surety. Surety is authorized to in department of motor vehicle records.		
Name of Company		
Dated this,		
	IF CORPORATION SIGN AND SEAL HERE	

SIGNATURE OF APPLICANT IF NOT A CORPORATION

WITNESS

Jame and Address of Contractor						Unco as of	mple
	D	ate	1	2	3	4	
Contract Description and Location	Sta Mo.	rted Yr.	Contract Price Including Approved Change Orders	Contractor's Estimated Cost	Total Amount Billed To Date Including Retainage (2)	Total Costs To Date	
1.		11.	Change Orders	At Time of Bid (1)	menung Retamage (2)	10 Date	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
TOTALS							
Con	ntracts Complete	d Since	Last Fiscal Closing State	ment or Last Status Repo	rt		
Contract Description and Location	Date Sta	rted Yr.	Final Contract Price	Total Cost	Gross Profit or Loss	3	
						1. Includ	de cor

plus cost of approved to

2. Do not includesired, att

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### BOND REQUEST FORM

# If final bond please provide a copy of the contract

Name of <b>PRINCIPAL</b> (Contractor) Address	•	
Name, Address, of <b>OBLIGEE</b> : (Obligee is who is requiring the bond)	)	
OBLIGEE Contact Person: Phone Number: Fax Number:		
Bid Date: Bid Time_ Performance Bond % Pa	yment Bond %	Bid Bond % Project No.:
Contractor's Bid Estimate: \$ Engineer's Estimate: \$		All of our bid bonds are capped.)
Project Description/Title: (please	type "exactly" as it appears	s on your proposal):
Location:		
Start Date:	_ Comple	etion Date:
Liquidated Damages: \$	(Calendar/Working [	Days)
Percentage of Work Subcontracted	d: Length (	of Warranty:
If final bond, please provide bid	l results: 3.)	4.)
Work on Hand - Description:	Contract Amount:  \$ \$ \$	Amount Complete: \$ \$ \$
Pending Bids:	Bid Date:	Bid Amount: \$ \$
TOTAL WORK	ON HAND & PENDING	G BIDS: \$
Are Special Bond Forms Required	:YESNO (	If yes, please include bond form)
Does your bond need to be: <b>Mail</b> (If bond needs to be overnighted, ple		

## ALL OF THE INFORMATION NEEDS TO BE COMPLETED ON THIS FORM

P.O. Box 751883, Las Vegas, NV 89136 Ph: (800) 223.0370 ~ Fax: (800) 355.6596



# PERSONAL FINANCIAL STATEMENT NOT TO BE USED FOR BUSINESS STATEMENTS.

To induce COMPANY to become surety for the Undersigned, or to accept the Undersigned as Indemnitor, the Undersigned submits the following Financial Statement

Personal financial statement of	SS. NO.
(1	Name)
	Address, City, State, Zip)
NAME OF SPOUSE HOME PHONE N	O. ( ) BUS. PHONE NO. ( )
AS OF	, , , , , , , , , , , , , , , , , , ,
	(Date)
CURRENT ASSETS	CURRENT LIABILITIES
Cash on hand (not in bank)	Notes payable to (names and addresses):
Cash in following banks (names and addresses):	1 total payable to (names and addresses).
Charles and have de (Calas dada 1)	Sales Contracts & Chattel Mtgs. (Sch. 6)
Stocks and bonds (Schedule 1)	A
Notes receivable (Schedule 3).	Accounts payable
Other current assets (Schedule 6)	Other current liabilities (Schedule 6)
Sind that and a continue of	Other current natiffaces (Schedule 0)
	Current Year's Income Taxes Unpaid
	Prior Year's Income Taxes Unpaid
	Real Estate Taxes Unpaid
TOTAL CURRENT ASSETS	TOTAL CURRENT LIABILITIES
FIXED ASSETS	LONG TERM LIABILITIES
Real estate (Schedule 4):	Real estate debt (Schedule 4):
Residence	Residence
Other	Other
Cash value of life insurance (Schedule 5)	Borrowed on life insurance (Schedule 5)
Other assets and investments (Schedule 6)	Other long term debt (Schedule 6)
Cuita appear and in resuments (Constant Co)	
	TOTAL LONG TERM LIABILITIES
TOTAL FIXED ASSETS	TOTAL LONG TERM LIABILITIES  NET WORTH
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FOR ENDORSEMENTS OR GUARANTEES \$	FOR OTHER PURPOSES \$
GIVE DETAILS	

Name of Security Shares and for What Purpose Last Two Years Market Value Book Value	.v .a	No	), If	any pledge			ND BOND D		ends Paid	J		. • • •		_	
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Date Signed\_

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