## PERSONAL FINANCIAL STATEMENT

This statement and any applicable schedules may be completed jointly by married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate statements and schedules are required.

Name and address	Statement of assets and liabili	Individual								
			Co-Partnership							
	(insert date, otherwise statement wil	Corporation								
ASSETS	(Sch	)	LIABILITIES	(Sch	)					
Cash	А	\$	Due to banks	\$	\$					
Stocks, bonds, etc.	В	\$	Credit cards	С	\$					
Accounts receivable	С	\$	Taxes	Taxes §						
Notes receivable	D	\$	Accounts payable							
Inventory	Е	\$	Notes payable	D	\$					
Equipment	F	\$	Due on equipment	F	\$					
Home	G	\$	Due on real estate	G	\$					
Real estate	G	\$	Other liabilities	Other liabilities H \$						
Personal property		\$	TOTAL LIABILITIES		\$					
IRA	В	\$	Capital stock (if any)		\$					
Other Assets		\$	Retained earnings §							
		\$	Total stockholders equity §							
TOTAL ASSETS	NET WORTH \$									
SOURCES OF INCOME FOR YEAR	ENDE	D	OTHER LIA	BILITI	ES					
Salary, bonuses & commissions \$			Do you have any contingent liabilities? If so, describe: (Lawsuits, Indemnification, etc.)							
Dividends \$										
Real estate income		\$								
Other income (Alimony, child support or separate maintenance income need not be revealed if you do			As endorser, co-maker or guarantor?	\$						
not wish to have it considered as a basi	s for bo	nding) §	On leases or contracts?	\$						
\$ \$			Legal claims (judgments, <i>etc.)</i>							
			Other special debt \$							
TOTAL		\$	Amount of contested income tax lier	15		\$				
		PERSONAI	L INFORMATION							
Are any assets owned by a trust? Which?			Are you a defendant in any suits or legal actions?							
Do you have a will? If so,	Have you ever been declared bankrupt? If so, describe:									
Are you a partner or officer in any oth	Are any assets pledged other than as described on schedUles?									
			If so, describe:							
Are you obligated to pay alimony, ch	Income tax settled through (date):									
maintenance payments? If so, describe:			Personal bank accounts carried at:							

Fidelity Bonds	on Officers & Employees													
Life \$					General Liability \$									
Property \$					Other \$									
	IF NOT SUFFI	CIENT			FACH S					Owe	1 to	Data		
A	Name and Location of Bank			Account Number							ı to ık	Date Due		
BANK DATA											_			
DATA														
		No.		Par	Market		In Whose Name		If Pled		ed, to V	Vhom		
В	Name of Security	Shar			Value		In Whose Name Registered			and for V	ged, to Whom What Purpose			
STOCKS BONDS, ETC.														
ŀ			_											
	From Whom Due	Amount		ınt	Date Due			To Whom Due	-	Amoun	t t	Date		
С								To whom Due	7 (110)		Due			
ACCOUNTS														
RECEIVABLE AND														
PAYABLE														
ŀ														
D	From Whom Due	1	Amount		Date Due			To Whom Due	Amour		t	Date Due		
NOTES					But									
RECEIVABLE														
PAYABLE														
EL		Description							Co	ost Price	Market Value			
INVENTORY														
F L	Description		Cost Price		e Depreciat Charged		ation d Off Book Value		Encumbrance		Amount Payable Monthly			
Ļ														
EQUIPMENT														
F									<b> </b>					
F									<u> </u>					
			In Whose Nar		me			Present Forced	Amount of		Name of			
G	Location and Description		Is Title		Cost		ost	st Sale Value		Mortgage		rtgagee		
ŀ														
REAL ESTATE									-		-			
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ŀ									-		-			
<del></del> †	Description of Other Assets		Т	۸	Amount Desci			Description of Other	escription of Other Liabilities			nount		
H			+	Amount							Amount			
ASSETS AND LIABILITIES			+				<del> </del>							
							<u> </u>							

The undersigned furnishes the foregoing as a true and accurate statement of the undersigned's financial condition as of the date given. Construction Capital Inc. may furnish copies of the foregoing statement and any information which it has now or may hereinafter obtain, for the purpose of securing bonds, reinsurance or co-insurance.

Date Signed	
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 Signature\_\_\_\_\_\_
 Title \_\_\_\_\_\_
 Spouse's Signature\_\_\_\_\_

S.S. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

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