Complete this form for: (1) each proprietor, or (2) each lin 20% or more of voting stock and each corporate officer at						sholder owning				
Name Business Phone										
Residence Address			Res	sidence Phone						
City, State, & Zip Code										
Business Name of Applicant/Borrower										
ASSETS	(Om	it Cents)	LIABILITIES			(Omit Cents)				
Cash on hands & in Banks			Accounts Payat							
Savings Accounts			Notes Payable to Banks and Others (Describe in Section 2)							
IRA or Other Retirement Account			Installment Account (Auto) Monthly Payment \$							
Accounts & Notes Receivable			Installment Account (Other) Monthly Payment \$							
Life InsuranceCash Value Only (Complete Section 8)			Loans on Life Insurance							
Stocks & Bonds (Describe in Section 3)			Mortgages on Real Estate (Describe in Section 4)							
Real Estate (Describe in Section 4)			Unpaid Taxes (Describe in Section 6)							
Automobile(s)Present Value			Other Liabilitie							
Other Personal Property (Describe in Section 5)			Total Liabilities							
Other Assets (Describe in Section 5)			Net Worth							
Tol	tal		Total							
Section 1. Sources of Income			Contingent Liabilities							
Salary			As Endorser or Co-Maker							
Net Investment Income			Legal Claims & Judgments							
Real Estate Income			Provision for Federal Income Tax							
Other Income (Describe Below)*			Other Special Debt							
Description of Other Income in Section 1.										
* Alimony or child support payments need not be disclose	d in "Other I	ncome" ur	less it is desired	d to have such paymo	ents counted toward total in	come.				
Section 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)										
Name & Address of Noteholder(s)	Original Balance	Current Balance	* *							
			1							

Section 3. Stocks and Bonds.										
Number of Shares	Name of Securities			Cost		et Value n/Exchange	Date of Quotation/Exchange	Total Value		
G 4: 4 D 15 4										
Section 4. Real Estat	Section 4. Real Estate Owned. Property A			Property B			Property C			
Type of Property										
Name & Address										
of Title Holder										
Date Purchased										
Original Cost										
Present Market Valu	e									
Name & Address										
of Mortgage Holder										
Mortgage Balance										
Amount of Payment	per Month									
Status of Mortgage (Current-Past Due)									
Section 5. Other Personal Property and Other Assets.										
Section 6. Unpaid T	axes.									
Section 7. Other Lia	bilities.									
Section 8. Life Insurance Held. (Face amount, cash surrender value, insurance company, and beneficiary)										
I authorize Sioux Munyon Insurance Services to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of qualifying for surety bonds.										
Signature:			Date:			Social Securit	y Number:			
Signature:			Date:			Social Securit	rity Number:			