

(OMIT CENTS)

SCHEDULE A - BANKING RELATIONSHIPS - Cash on Deposit and Notes Payable						
Name & Address of Bank(s)	Cash on Deposit	Loan/Line Amount	Original Date	Maturity	Secured or Unsecured	Current Balance

SCHEDULE B - MARKETABLE SECURITIES - (including investments in affiliates/subsidiaries)						
Description	No. of Shares/Quantity or %	Date Acquired	Pledged or Held by Other?	Is Investment Marketable?	Value	Source of Valuation

SCHEDULE C - TRADE RECEIVABLES - Selling Terms.....days			SCHEDULE D - INVENTORY - Purchase Terms.....days			
Accounts - Current			Finished Goods	} Manufacturers must complete		
Past due 1 to 30 days			Work in Process			
Past due 31 to 60 days			Raw Materials			
Past due 61 to 90 days						
Past due over 90 days						
Unclassified						
Total Trade Accounts						
Notes-Current			GROSS INVENTORY			
Deferred			Less - Reserve			
GROSS TRADE RECEIVABLES			NET INVENTORY			
Less - Reserve for Bad Debts						
NET TRADE RECEIVABLES						
Charge-offs in Period						
Recoveries in Period						

SCHEDULE E - FIXED ASSETS								
Description	Location	Title In Name of	Cost	Value	Source of Valuation	Accum. Depr.	Mtg. Bal.	Mtg. Maturity

SCHEDULE F - LIFE INSURANCE						
Name of Insurance Company	Insured	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE G - HAZARD INSURANCE

Name(s) of Insurance Companies _____

INSURANCE: Date coverage last reviewed by an insurance broker or adviser? _____

Fire insurance on buildings \$ _____ On equipment and fixtures \$ _____ On merchandise \$ _____

Public liability on owned autos \$ _____ Property damage on owned autos \$ _____ Other \$ _____

P.L. & P.D. on non-owned autos \$ _____ P.L. on building and elevators \$ _____

Check which of the following are carried: Explosion Ins. Steam Boiler Auto Fire, Theft Business Interruption

Products liability Riot and Strike Auto Collision Workmen's Comp Robbery or Burglary Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? _____

Do any policies contain a coinsurance clause? _____ . Basis _____ %.

Is any insurance on a monthly reporting basis? _____ . Are employees having custody or control of property adequately bonded? _____

Last independent audit by _____ as of _____ (Name of Auditing Firm) (Audit Date)

Income Tax Returns Audited through _____, 19_____

Judgments or pending litigation _____

The undersigned certifies that the information submitted to you herein has been carefully read and is true, accurate and complete.

By: _____

Title: _____

Date: _____

(Company Name) _____