

INSURANCE CARRIED

Fidelity Bonds on Officers & Employees

Life \$

General Liability \$

Property \$

Other \$

IF NOT SUFFICIENT SPACE, ATTACH SEPARATE SCHEDULES

A BANK DATA	Name and Location of Bank	Account Number	Amount of Deposit	In Whose Name	Owed to Bank	Date Due
B STOCKS BONDS, ETC.	Name of Security	No. Shares	Par Value	Market Value	In Whose Name Registered	If Pledged, to Whom and for What Purpose
C ACCOUNTS RECEIVABLE AND PAYABLE	From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due
D NOTES RECEIVABLE AND PAYABLE	From Whom Due	Amount	Date Due	To Whom Due	Amount	Date Due
E INVENTORY	Description				Cost Price	Market Value
F EQUIPMENT	Description	Cost Price	Depreciation Charged Off	Book Value	Encumbrance	Amount Payable Monthly
G REAL ESTATE	Location and Description	In Whose Name Is Title	Cost	Present Forced Sale Value	Amount of Mortgage	Name of Mortgagee
H OTHER ASSETS AND LIABILITIES	Description of Other Assets	Amount	Description of Other Liabilities	Amount		

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 _____

Signature _____ **Title** _____ **Spouse's Signature** _____

S.S. Number _____ Date of Birth _____ S.S. Number _____ Date of Birth _____