

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		} Manufacturers must complete	Finished Goods	
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)

Income Tax Returns Audited through _____ , _____ .

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)

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