

GENE LILLY SURETY BONDS

Individual Information		Other Party Information	
Name		Name	
Address		Address	
City, State & Zip		City, State & Zip	
Position or Occupation	# Years	Position or Occupation	# Years
Name of Business		Name of Business	
Address of Business		Address of Business	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone
E-mail address		E-mail address	
Social Security #	Date of Birth	Social Security #	Date of Birth

ASSETS		LIABILITIES	
<u>CURRENT ASSETS (Readily convertible to cash)</u>		<u>CURRENT LIABILITIES (Due within 12 months)</u>	
A * Cash & Savings	\$ _____	H * Notes Payable (less than 1 yr)	\$ _____
B * Securities Owned (Marketable)	_____	Accounts Payable (eg. Charge cards/accounts)	_____
Certificates of Deposit	_____	Taxes and Interest Payable	_____
Receivables due from others (less than 1 yr)	_____	H * Other Current Liabilities: _____	_____
C * Cash Value - Life Insurance	_____	_____	_____
Other Current Assets: _____	_____	_____	_____
TOTAL - Current Assets	\$ _____	TOTAL - Current Liabilities	\$ _____
<u>NON CURRENT ASSETS</u>		<u>NON CURRENT LIABILITIES (Term Debt)</u>	
D * Real Estate Owned	\$ _____	H * Intermediate Term Liabilities	\$ _____
Investments (Non-Marketable)	_____	(eg. Installment loans)	_____
Receivables (1 yr or longer)	_____	G * Long Term Liabilities	_____
E * Retirement Funds	_____	(eg. real estate loans)	_____
Personal Property	_____	Other Liabilities: _____	_____
Vehicles	_____	_____	_____
F * Business Ventures	_____	Contingent Capital Gains Tax Liability	_____
Other Assets: _____	_____	TOTAL LIABILITIES	_____
TOTAL ASSETS	\$ _____	NET WORTH	_____
		TOTAL LIABILITIES & NET WORTH	\$ _____

ANNUAL INCOME	ESTIMATE OF ANNUAL EXPENDITURES
Salary, Bonus & Commissions	\$ _____
Dividends & Interest	_____
Rental and Lease Income (Net)	_____
Other Party's Income	_____
Other Income (income from alimony, child support need not be revealed if you do not choose to rely on it for repayment of this obligation)	_____
TOTAL	TOTAL
\$ _____	\$ _____

* Refers to detailed schedule on page 2

SCHEDULE A Cash and/or Savings

Account Description	Institution Name	In the Name(s) of	Amount
TOTAL			

SCHEDULE B Securities/Investments Owned (stocks, bonds, mutual funds, etc.)

No. shares or Bond amount	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Present Value	M = Marketable N=Nonmarketable
TOTAL					

SCHEDULE C Life Insurance

Insured	Insurance Company	Beneficiary	Face value of policy	Cash Value	Loans
TOTAL					

SCHEDULE D Real Estate Owned

Address and type of property	Title in the name(s) of	Monthly Income	Cost	Year Acquired	Present Market Value	Amount of insurance
TOTAL						

SCHEDULE E Retirement Plan Schedule

% Vested	Company Name	Acct #	Manner of Payout (Annuity, lump sum, etc.)	Distribution Date	Beneficiary	Amount

SCHEDULE F Business Ventures

Business Venture in which you are a Principal or Partner	Your Position/Title in Business	Nature of Business	Years in Business	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE G Mortgages or Liens on Real Estate

Address and type of property	To Whom Payable	1st or 2nd lien	How Payable	Interest Rate	Maturity Date	Unpaid Balance
			\$ per			
			\$ per			
			\$ per			
			\$ per			

SCHEDULE H Loans Payable to Banks & Others and Installment Contracts Payable

To whom payable	Address	Collateral or unsecured	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		
			\$ per		
			\$ per		
			\$ per		
			\$ per		
TOTAL					

Income tax returns filed through (date): _____ Are any returns currently being audited or contested? If so, what year? _____ In the last 7 years, have you any unsatisfied judgements? In the last ten years, have you been declared bankrupt? In the last 7 years, have you had property foreclosed upon or given title or deed in lieu thereof? Are you a co-maker, guarantor or endorser on a note? If yes, denote amount: \$ _____ Are you a party in a lawsuit? Are you obligated to pay alimony, child support or separate maintenance? Do you have a will in place? Do you have an estate plan in place? Name and phone number of attorney: _____ _____ _____ Name and phone number of accountant: _____ _____ _____	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The undersigned acknowledge and understand that the surety is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Unless notified of any change, we will continue to rely upon the statement herein as a true, complete and accurate statement. The undersigned authorize any person or consumer reporting agency to give the surety any information it may have on the undersigned.

Date Signed _____ Signature (individual) _____

Date Signed _____ Signature (other party) _____