

# Sioux Munyon Insurance Services

9019 Park Plaza Drive Ste. AA

La Mesa, California 91942

Phone: 619.463.2773 Fax: 619.463.2770

<b>Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.</b>					
Name			Business Phone		
Residence Address			Residence Phone		
City, State, & Zip Code					
Business Name of Applicant/Borrower					
<b>ASSETS</b>			<b>LIABILITIES</b>		
(Omit Cents)			(Omit Cents)		
Cash on hands & in Banks			Accounts Payable		
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 Insurance--Cash 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 Liabilities (Describe in Section 7)		
Other Personal Property (Describe in Section 5)			<b>Total Liabilities</b>		
Other Assets (Describe in Section 5)			<b>Net Worth</b>		
<b>Total</b>			<b>Total</b>		
<b>Section 1. Sources of Income</b>			<b>Contingent Liabilities</b>		
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		
<b>Description of Other Income in Section 1.</b>					
* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
<b>Section 2. Notes Payable to Bank and Others</b> (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	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds.					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
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 Value					
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 Taxes.					
Section 7. Other Liabilities.					
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 Security Number:	
Signature:		Date:		Social Security Number:	