

INSURANCE

VEHICLES	HOME/REAL ESTATE	LIFE/DISABILITY
Insurance Co.	Insurance Co.	Insurance Co.
Policy No.	Policy No.	Policy No.
Coverage	Coverage	Coverage
		Face Value
		Cash Value
Agent Name	Agent Name	Agent Name
Phone #	Phone #	Phone #

Attorney: _____ Address: _____
 Accountant: _____ Address: _____
 Investment Broker: _____ Address: _____

1. Are you a defendant in any suits or legal actions?
 If yes, explain on additional sheet.

2. Income Tax Returns filed through (date): _____ Are any returns being audited or contested?
 If yes, what year(s)? _____

3. Have you drawn a will? _____ If yes, year drawn: _____ Executor/trix: _____

4. Do you have a line of credit or unused line of credit at any other institution?
 If yes, indicate how much and where.

5. Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you?
 If yes, explain on additional sheet.

6. Are you an Executive Officer, Director or Principal Shareholder of a bank?
 If yes, name of bank.

7. Are you a U.S. citizen? _____ If no, form of ID? _____

Additional information, if applicable:

