

**PERSONAL INFORMATION
BORROWER**

(Federal Law Requires Us To Collect & Verify Name, Address, Social Security Number and Birth Date)

NAME (PRINT): LAST, FIRST & M.I.				
BIRTHDATE	SOCIAL SECURITY NO.		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS (No P. O. Box)				
(We Are Required To Obtain Your Physical Street Address)				
CITY		STATE	ZIP CODE	HOME PHONE ()
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	YEARS	RENT/MTG PMT \$	AVG /MTHLY UTILITIES \$	
PREVIOUS ADDRESS				
CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	YRS
COLLATERAL PROPERTY ADDRESS (IF APPLICABLE):				
EMPLOYER				
ADDRESS				
CITY	STATE	ZIP CODE	WORK PHONE ()	
POSITION		ANNUAL SALARY		
LENGTH OF EMPLOYMENT YRS. MOS.		TYPE OF BUSINESS		
FORMER EMPLOYER				
POSITION	ANNUAL SALARY	LENGTH OF EMPLOY YRS. MOS.		
HAVE YOU EVER FILED BANKRUPTCY OR HAD ANY JUDGEMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF DEPENDENTS		
ARE YOU OBLIGATED TO PAY ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN ON ATTACHMENT				

**PERSONAL INFORMATION
CO-BORROWER**

(Federal Law Requires Us To Collect & Verify Name, Address, Social Security Number and Birth Date)

NAME (PRINT): LAST, FIRST & M.I.				
BIRTHDATE	SOCIAL SECURITY NO.		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS (No P. O. Box)				
(We Are Required To Obtain Your Physical Street Address)				
CITY		STATE	ZIP CODE	HOME PHONE ()
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	YEARS	RENT/MTG PMT \$	AVG/MTHLY UTILITIES \$	
PREVIOUS ADDRESS				
CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	YRS
EMPLOYER				
ADDRESS				
CITY	STATE	ZIP CODE	WORK PHONE ()	
POSITION		ANNUAL SALARY		
LENGTH OF EMPLOYMENT YRS. MOS.		TYPE OF BUSINESS		
FORMER EMPLOYER				
POSITION	ANNUAL SALARY	LENGTH OF EMPLOY YRS. MOS.		
HAVE YOU EVER FILED BANKRUPTCY OR HAD ANY JUDGEMENTS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF DEPENDENTS		
ARE YOU OBLIGATED TO PAY ALIMONY CHILD SUPPORT OR MAINTENANCE PAYMENTS? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN ON ATTACHMENT				

ASSETS		LIABILITIES AND NET WORTH	
CASH ON HAND AND IN BANKS (A)	_____	NOTES DUE ON BANKS (D)	_____
MARKETABLE SECURITIES (B) AND MUTUAL FUNDS	_____	NOTES DUE ON OTHERS	_____
REAL ESTATE OWNED (C)	_____	ACCOUNTS & BILLS DUE (D)	_____
OTHER REAL ESTATE OWNED (C)	_____	INCOME TAXES DUE	_____
AUTOMOBILES	_____	OTHER UNPAID TAXES & INTEREST	_____
CASH VALUE – LIFE INSURANCE	_____	REAL ESTATE MORTGAGES (C)	_____
OTHER ASSETS (ITEMIZE)	_____	OTHER DEBTS (ITEMIZE)	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	TOTAL LIABILITIES	_____
TOTAL ASSETS	_____	TOTAL LIABILITIES & NET WORTH	_____

ANNUAL INCOME		CONTINGENT LIABILITIES	
SALARY	_____	ENDORSER, CO-MAKER, GUARANTOR	_____
COMMISSIONS & BONUSES	_____	SURETY	_____
DIVIDENDS & INTEREST	_____	ON CONTRACTUAL OBLIGATIONS	_____
RENTAL INCOME	_____	LEGAL CLAIMS	_____
OTHER INCOME	_____	OTHER – LIST	_____
ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS NEED NOT BE INDICATED IF THE APPLICANT DOES NOT CHOOSE TO DISCLOSE SUCH INCOME.		_____	_____
TOTAL	_____	TOTAL	_____

(A) BANKING INFORMATION

TYPE OF ACCOUNT	BANKS & CREDIT UNION	ADDRESS	CITY	STATE	ACCOUNT NO.	BALANCE

(B) MARKETABLE SECURITIES/MONEY MARKET FUNDS

DESCRIPTION	REGISTERED OWNER	NO. OF SHARES OR FACE VALUE (BONDS)	COST	SOURCE OF VALUATION	MARKET VALUE
			\$		\$
			\$		\$
			\$		\$
MONEY MARKET FUNDS			\$		\$
TOTAL					\$

(C) REAL ESTATE OWNED

NAME OF BORROWER & ADDRESS	DATE ACQD.	TITLE IN NAME OF	PURCHASE PRICE	MARKET VALUE	*MONTHLY PAYMENT	MORTGAGE BALANCE
RESIDENCE			\$	\$	\$	\$
			\$	\$	\$	\$
TOTAL						

* Please separate Monthly Payment Section into Principal/Interest and monthly real estate taxes.

(D) NOTES & ACCOUNTS DUE BANKS AND OTHERS – (INCLUDE ALL REVOLVING CREDIT AVAILABLE)

BANKS/STORE/COMPANY	ACCOUNT NUMBER	HIGH CREDIT	SECURED BY	TERMS	MONTHLY PAYMENTS	CURRENT BALANCE
TOTAL						

Each of the undersigned certifies that all sides hereof and the information inserted therein has been carefully read and is true, correct and complete. The undersigned further represents that there are no encumbrances against any of the foregoing property except those specifically disclosed above. The information contained in this statement is provided to induce InsurBanc to extend, or to continue the extension of, credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that InsurBanc is relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned agrees to notify InsurBanc immediately and in writing of any change in name, address or employment of any of the undersigned, and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform his/hers (or their) obligations to InsurBanc. In the absence of such notice, or a new and full written statement, this should be considered as a continuing statement and substantially correct.

InsurBanc is authorized to verify the information disclosed and to perform a credit investigation regarding the personal, financial and business affairs of each of the undersigned. Each of the undersigned authorizes InsurBanc to give credit information to any credit reporting service and to advise others about its credit experience with InsurBanc. It is also agreed that this financial statement shall remain the property of InsurBanc whether or not credit is granted.

Signature (Individual) _____ Date Signed _____ 20____

Signature (Individual) _____ Date Signed _____ 20____