

Assets	Liabilities
Current	Current
Fixed	Long Term
Other	
Total Assets	Total Liabilities
	NET WORTH

Fixed Assets	Book Value	Market Value
Land		
Buildings		
Intangible Assets		
Patents, Trademarks, Goodwill		
	Total	Total

Market Value of Fixed Assets:

How was the market value of the assets determined?

Was the value determined by a professional appraiser? <input type="checkbox"/> yes <input type="checkbox"/> no	Date of most recent appraisal:
Company Net Profit (before taxes): Last Year	Gross Sales: Last Year
Previous Year	Previous Year

Has any business organization in which you have a financial and/or managing interest declared bankruptcy? yes no
 If yes, provide all details being as specific as possible: _____

Have operations of the business changed significantly in the last 3 years? yes no
 If yes, provide all details being as specific as possible: _____

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract. The Company will rely on my answers to determine the appropriate amount of insurance.

Proposed Insured (PI) Signature

 X
PI signed on (date) _____

Owner Signature

 X
Owner signed on (date) _____

Accountant/Preparer (A/P) Signature

 X
A/P signed on (date) _____
 Accountant/Preparer (please print full name) _____

 Print Accounting Firm Name, Address and Phone Number _____

