

Photocopy this page. Complete the Questionnaire by providing as much detail as possible.
After Completed, please fax or mail the questionnaire to Abbey Insurance Services of Norcross.

FINANCIAL DATA

I make the following statement of all my assets and liabilities as of the _____ Day of _____, 200____.

ASSETS

LIABILITIES AND NET WORTH (Notes Payable to Banks)

Cash	\$ _____	Direct Borrowings only	\$ _____
Accounts and Loans Receivable	\$ _____	Notes Payable to Others	\$ _____
Life Insurance, Cash Surrender Value (do not deduct loans)	\$ _____	Loans Against Life Insurance	\$ _____
Equity in Business (Liquid)	\$ _____	Accounts Payable	\$ _____
Equity in Business (Non -Liquid)	\$ _____	Mortgages Payable on Real Estate	\$ _____
Stocks and Bonds	\$ _____	Other Liabilities (itemized)	\$ _____
Real Estate	\$ _____		
Automobiles Registered in Own Name _____		Net Worth	\$ _____
Other Assets (Itemized)	\$ _____	Total Liabilities and Net Worth	\$ _____
Total Assets	\$ _____		

BANKING RELATIONS

SOURCE OF INCOME (Year ending)

(All bank accounts, including Savings and Loans)		Salary	\$ _____
Name and Location of Bank	Cash Amount of Loan	Bonus and Commissions	\$ _____
_____	_____	Dividends and Interest	\$ _____
_____	_____	Real Estate Income	\$ _____
_____	_____	Other Income (itemized)	\$ _____
_____	_____	Total	\$ _____

REAL ESTATE (the legal and equitable title to the real estate listed in statement is solely in the name of the undersigned)

Description Street No.	Dimensions of Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amt. of Payment	Assessed Value	Present Market Value

OTHER STOCKS AND BONDS

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in the Name of	Cost	Market Value	Income Received Last Year

LIFE INSURANCE

Person Insured	Name of Beneficiary	Insurance Company	Type of Policy	Face Value of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Policy

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