



For Restaurants

Applicant/Insured _____ New Business
 Agency _____ Renewal
 Agency Number _____ Policy No. _____

BALANCE SHEET AS OF

ASSETS

Current Assets

Cash \$ _____
 Short-Term Investments \$ _____
 Notes Receivable \$ _____
 Accounts Receivable \$ _____
 Prepaid Expenses \$ _____
 Inventory \$ _____
 Other (Specify) \$ _____

Total Current Assets \$ _____

Long Term/Fixed Assets

Long-Term Investments \$ _____
 Land \$ _____
 Building Less Description \$ _____
 Leasehold Improvements \$ _____
 Autos Less Depreciation \$ _____
 Furniture, Fixtures & Equip
 (Less Depreciation) \$ _____
 Other (Specify) \$ _____

LIABILITIES

Current Liabilities

Accounts Payable \$ _____
 Notes Payable \$ _____
 Accrued Wages \$ _____
 Income Taxes \$ _____
 Other Taxes \$ _____
 Other (Specify) \$ _____

Total Current Liabilities \$ _____

Long Term Liabilities

Mortgage/Rent \$ _____
 Notes Payable \$ _____
 Other Liabilities \$ _____
 Other (Specify) \$ _____

Total Long-Term Liabilities \$ _____

Owner's Equity

Common Stock \$ _____
 Paid in Capital \$ _____
 Retained Earnings \$ _____
 Less Treasury Stock \$ _____

Total Owner's Equity \$ _____

TOTAL ASSETS \$ _____

TOTAL LIAB./OWNER'S EQUITY \$

OWNER'S EQUITY PRIOR YEAR \$

OWNER'S EQUITY 2ND PRIOR YEAR \$

Applicant's/Insured's Signature and Title

Date Application Signed

Agent's Signature

Date