

GUARANTEE PROPOSAL

<u>TYPE</u>	<u>AMOUNT</u>
Surety Bond	\$ _____
Deposit of Cash	_____
Deposit of Securities	_____
Excess Insurance Per Loss	_____
Aggregate Excess Insurance	_____
Letter of Credit	_____
Parent Company Support	_____
 TOTAL	 \$ _____

Amount of risk retention.....

Attaching point of excess insurance.....

Do you maintain a dispensary or other first aid facility in each establishment?.....

If so, describe the equipment, personnel and service available.....

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If not, state what arrangements you have made to provide medical services to injured employees.....

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Do you agree without any reservation, to notify this Department immediately of any change in financial circumstances which might impair your ability to satisfy any and all liability which you may incur as a self-insurer?.....

Do you agree with reservation, to comply fully with the said statute and any rule or regulation promulgated thereunder, and to furnish the Department readily with needed information?.....

Balance Sheet Data (Annual Report may be substituted in lieu thereof)

ASSETS	LIABILITIES
Cash	Accounts payable
Accounts Receivable	Notes payable
Notes Receivable	Realty encumbrances.....
Inventory	Mortgages
Real Estate	Bonds
Machinery	Capitol stock
Furniture and fixtures	Surplus
Patent rights, trade- marks, copyrights.....	
Goodwill	
TOTAL	TOTAL

NEW HAMPSHIRE REALTY

Location	Equity
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.....

(use additional sheets if necessary)

Classification of operations	Code No.	No. of Employees	Last Year's Payroll	Next Year's Estimated Payroll
TOTAL				

I/We the undersigned state that I/We have examined the information contained herein and find it to be true.

Subscribed to thisday of
20 , under the penalty of perjury.

Signature

Title

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