

REQUEST FOR CONSIDERATION (Confidential Profile)

Completion of this application does not create any obligation on you or Estrella Insurance.
Please type or print clearly and complete the form in full.

PERSONAL INFORMATION									
Last Name			First Name		Middle		<input type="checkbox"/> Male	U.S. Citizen	
							<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Street Address							Years at this address?		
City			State		Zip		Birth Date		
Home Phone () ()		Work Phone () ()		Best time to call		<input type="checkbox"/> Own/Buying <input type="checkbox"/> Renting	Social Security Number		E-mail Address
Marital Status		Spouse's Name			Spouse's Birthday / /		Number of dependent children		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?						Magazine and trade journalist you read:			
How long have you been seeking your own business?			Can you give the business your full time?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What other business are you investigating?		

EDUCATION					
HIGH School (No. of years Attended)	College (Name, City, State)		No. of years attended _____	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major
Other education (List type of school, field of study, number of years)					

BUSINESS INFORMATION				
Employment Record (List present job first), last three positions held.				
Firm	Address	Position	From-To	Annual Income

PERSONAL REFERENCES		
Name	Address	Telephone Number

Please describe your present job or business in detail, including duties performed: _____

Have you ever owned or operated your own business? _____
 Give details: _____

PLEASE COMPLETE BOTH SIDES AND RETURN COMPLETED FORM TO US



Jose E. Merille
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FINANCES

How would you Finance your Estrella Insurance Franchise? _____	Will you have a partner? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete a profile for each partner) _____	How long can you support yourself and your family without making withdrawals from your business? _____
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If you have other income please explain: _____

Spouse Occupation: _____ How Long? _____ Salary _____

Estimate minimum monthly income required for your current living expenses: _____

Would this business be your sole source of income? _____

FINANCIAL STATEMENT

ASSETS	LIABILITIES
() Cash in checking account \$ _____	() Notes \$ _____
() Cash in savings account \$ _____	() Charge account \$ _____
() Real estate home \$ _____	() Judgements \$ _____
() Other real estate \$ _____	() Accounts Payable \$ _____
() Cash value-life insurance \$ _____	() Taxes Payable \$ _____
() Listed stocks & bonds \$ _____	() Interest Payable \$ _____
() Automobile (s) \$ _____	() Brokers margin accounts \$ _____
() Your present business \$ _____	() Mortgage payable on real estate \$ _____
() Money due to you from loans \$ _____	() Other liabilities \$ _____
() Other assets \$ _____	TOTAL LIABILITIES \$ _____
TOTAL ASSETS \$ _____	
(ASSETS MINUS LIABILITIES \$ _____)	

The exact amount of capital you have available \$ _____

If needed, list items in the above statement which you plan to convert into immediate cash: _____

If required amount is not available, how would additional cash be obtained? (Please explain in detail) _____

If qualified, when would you be ready to start your business? _____

Location Preferences _____

Do you intend to run this business yourself? _____

If the other individuals will be involved with you, list names and addresses below _____

If the above individuals are to be included on the Franchise Agreements, please have them fill out a separate application

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have or had any complaints with the Department of Financial Services or Insurance Department? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contingent liabilities for guarantees, endorsements, leases, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any company you have owned or managed ever filed bankruptcy, reorganized due to insolvency, gone out of business or compromised a debt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now, or have you ever been party to any lawsuit-either as defendant or plaintiff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any offense (including misdemeanors for which you were fined \$200 or more)? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any of the above questions or if there is any other information you believe is pertinent to your experience, background, or knowledge, not already covered in this profile, please explain on a separate attachment and include with the profile.

I hereby certify that I have supplied all information to the best of my ability and understand that Estrella Insurance must rely upon this information in assessing my qualifications. I understand that this profile is not a contract and is in no way binding on Estrella Insurance or myself, and does not mean or imply that the franchise will be offered. To further evaluate my qualifications, I hereby authorize Estrella Insurance to order and obtain a credit report, conduct a background investigation, and verify all references submitted.

Applicant's Signature

Date