



Thank you for choosing Farmington Bank for a business loan. As part of the Bank's due diligence and responsibility under the U.S. Patriot Act, we are required to provide the following notice:

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPEN NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

We look forward to establishing a successful working relationship with you and meeting your business needs.

If you have questions or concerns regarding this notice, please contact us locally at 860-676-4600 or toll-free at 877-376-2265.

Sincerely,

Farmington Bank



SMALL BUSINESS PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION

OWNERS / GUARANTORS / PRINCIPALS / CO-BORROWERS			
OWNER #1 NAME	PERCENT OWNERSHIP	YEARS AS OWNER	EMPLOYER / COMPANY TITLE
HOME ADDRESS	CITY	STATE	ZIP HOME PHONE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH		ANNUAL PERSONAL INCOME* OTHER INCOME
	/ /		\$
MONTHLY HOUSING PAYMENT**	CASH, SAVINGS, LIQUID ASSETS, NON-RETIREMENT STOCKS, BONDS		NET WORTH (NET OF BUSINESS OWNERSHIP)
\$ <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	\$		\$
OWNER #2 NAME	PERCENT OWNERSHIP	YEARS AS OWNER	EMPLOYER / COMPANY TITLE
HOME ADDRESS	CITY	STATE	ZIP HOME PHONE NUMBER
SOCIAL SECURITY NUMBER	DATE OF BIRTH		ANNUAL PERSONAL INCOME* OTHER INCOME
	/ /		\$
MONTHLY HOUSING PAYMENT**	CASH, SAVINGS, LIQUID ASSETS, NON-RETIREMENT STOCKS, BONDS		NET WORTH (NET OF BUSINESS OWNERSHIP)
\$ <input type="checkbox"/> OWN HOME <input type="checkbox"/> RENT	\$		\$

* Income from alimony, child support or separate maintenance need not be disclosed unless you want this income considered in our credit decision.

** List only one monthly housing payment if both owners occupy the same dwelling and include taxes and insurance.

STATEMENT OF FINANCIAL CONDITION
AS OF DATE:

ASSETS (assets of doubtful or intangible value)	VALUE (Omit cents)	LIABILITIES	VALUE (Omit cents)
Cash, Checking & Savings Accounts		Accounts Payable & Bills Due	
IRAs & Other Retirement Accounts		Credit Cards/Revolving Loans (Schedule D)	
Marketable Securities and Bonds (Schedule A)		Notes Payable to Banks & Others (Schedule D)	
Real Estate Owned (Schedule B)		Real Estate Mortgages (Schedule B)	
Loans or Notes Receivable		Loans On Life Insurance (Schedule c)	
Personal Property (Automobiles, etc.)		Unpaid Taxes	
Cash Value of Life Insurance (Schedule C)		Other Debts (Itemize)	
Other Assets (Itemize)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	

If any of the assets are jointly owned, please place an asterisk next to the asset. The name of the other owner is _____.

Do you want the Bank to consider the jointly owned assets as additional support for your loan request? Yes No

Are you a U.S. Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you obligated to pay alimony, child support, or maintenance payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a will? Executor _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you filed bankruptcy or had any judgments against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you/will you engage in internet gambling as defined by Regulation GG?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered **NO** to the first question or **YES** to any of the other questions above, please attach a written explanation.


SCHEDULE A – MARKETABLE SECURITIES, NON-MARKETABLE SECURITIES & BONDS

Number of Shares/ Bond Face Value	Marketable or Non-Marketable	Description	Are these Pledged?	Source of Value	Market Value

SCHEDULE B – REAL ESTATE

Address	Residential or Commercial	Percent Ownership	Purchase Date	Purchase Price	Estimated Market Value	Mortgage or Lien Balance	Total Monthly Payment

SCHEDULE C – LIFE INSURANCE CARRIED

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Cash Surrender Value	Loan Balance

SCHEDULE D – NOTES PAYABLE & CREDIT CARD / REVOLVING LOANS

Name & Address of Lender	Name of Borrower	Original Date	Original Balance	Current Balance	Monthly Payment	Secured or Unsecured

REPRESENTATIONS AND AUTHORIZATION AGREEMENT

Each of the undersigned certifies that all pages hereof and the information inserted herein has been carefully read and is true, correct, and complete. The undersigned further represent(s) that there are no encumbrances against any of the foregoing assets except those specifically disclosed above. The information contained in this financial statement is provided to induce Farmington Bank (the "Bank") to extend, or continue the extension of credit to the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or continue credit. The Bank is hereby authorized to verify any information, including tax information, provided in connection with the financial statement. The Bank may obtain credit reports for all owners and guarantors expected to be personally liable, including consumer credit reports in connection with the financial statement and may also do so for updates, renewals, extensions and any collection activity or as otherwise permitted by law. Each of the undersigned authorizes the Bank to give credit information to any credit reporting service and to advise others about its credit experience with the Bank. Each of the undersigned agrees that the Bank may rely on a facsimile of the financial statement and any other signed documents received by the Bank by facsimile or other electronic transmission relating to the credit granted pursuant to the financial statement. Such facsimiles or any copy of such facsimiles shall be binding on the undersigned and shall for all purposes be considered original documents. It is also agreed that this financial statement shall remain the property of the Bank whether or not credit is granted. The undersigned understands that making false statements or material omissions intended to conceal pertinent facts may be a financial crime requiring referral to appropriate law enforcement officials. The undersigned agrees to notify the Bank immediately and in writing of any material adverse change (1) in any of the information contained in this financial statement, (2) in the financial condition of any of the undersigned, (3) in the ability of any of the undersigned to perform its (or their) obligations to Farmington Bank, or (4) in any change in name, address or employment.

Equal Credit Opportunity Act Notice (ECOA)

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: **Agency: FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106**

PRINT LEGAL NAME	SIGNATURE X	DATE
PRINT LEGAL NAME	SIGNATURE X	DATE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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