

# PERSONAL FINANCIAL STATEMENT

Use of company financial statement forms is not mandatory. They are made available as guides to the types of information needed. Signed statements on comparable bank forms, or on your accountants letterhead, are equally exceptable under most circumstances. Fiscal or year end statements are preferred. Schedules should be completed where they are meaningful. When in doubt, ask your agent about the company's specific requirements for the type of credit which you need.

Financial Statement of \_\_\_\_\_ (Name) SSN \_\_\_\_\_

(Street Address, City, State, Zip)

FINANCIAL CONDITION AS OF \_\_\_\_\_,

| ASSETS   | AMT(S) ONLY | LIABILITIES   | AMT(S) ONLY |
|--|-------------|---|-------------|
| <b>Cash on Hand</b><br>Cash in following banks<br>(Name & Address):  |             | <b>Notes Payable to Banks</b><br>(Name & Address):  |             |
| <b>Stocks and Bonds</b><br>Listed (Schedule 1) -----<br>Unlisted (Schedule 1) -----  |             | <b>Other Notes and Accounts Payable</b><br>Real Estate Loans (Schedule 4) -----<br>Sales Contracts & Sec. Agreements (Schedule 5) ---<br>Loans on Life Insurance (Schedule 6) ----- |             |
| <b>Real Estate</b><br>Improved (Schedule 4) -----<br>Unimproved (Schedule 4) -----<br>Trust Deeds & Mortgages (Schedule 3) -----                   |             | <b>Taxes Payable</b><br>Current Year Income Taxes Unpaid -----<br>Prior Year Income Taxes Unpaid -----<br>Real Estate Taxes Unpaid -----  |             |
| <b>Life Insurance</b><br>Cash Surrender Value (Schedule 6) -----   |             | <b>Other Liabilities</b><br>Unpaid Interest -----<br>Other (Itemized) -----   |             |
| <b>Accounts &amp; Notes Receivable</b><br>Relatives and Friends (Schedule 2/3)-----<br>Other (Schedule 2/3) -----<br>Doubtful (Schedule 2/3) ----- |             | <b>TOTAL LIABILITIES:</b>   |             |
| <b>Other Personal Property</b><br>Automobile (Schedule 5) -----<br>Other (Itemized, Schedule 5) -----  |             | <b>NET WORTH:</b>   |             |
| <b>TOTAL ASSETS:</b>   |             | <b>TOTAL LIABILITIES &amp; NET WORTH:</b>   |             |
| <b>ANNUAL INCOME</b>   |             | <b>ANNUAL EXPENDITURES</b>  |             |
| Salary or Wages -----  |             | Professional Taxes & Assessments -----  |             |
| Dividends and Interest -----   |             | Federal & State Income Taxes -----  |             |
| Rentals (Gross) -----  |             | Real Estate Loan Payments -----   |             |
| Business or Professional Income (Net)-----   |             | Payments on Contracts & Other Notes ---   |             |
| Other Income (Describe) -----  |             | Insurance Premiums -----  |             |
|  |             | Estimated Living Expenses -----   |             |
|  |             | Other _____   |             |
| <b>TOTAL INCOME:</b>   |             | <b>TOTAL INCOME:</b>  |             |

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as indorser, co-maker or guarantor \$ \_\_\_\_\_  
 Contingent liabilities on leases or contracts \$ \_\_\_\_\_; pledge or hypothecation of assets \$ \_\_\_\_\_;  
 Legal Claims \$ \_\_\_\_\_; Tax Liens \$ \_\_\_\_\_

(S) \_\_\_\_\_

**1. STOCKS AND BONDS**

| Name of Security | No. Shares | If Any Pledged, State to Whom and for What Purpose | Dividends Paid Last Two Years | Market Value |
|------------------|------------|--|-------------------------------|--------------|
|                  |            |  |                               |              |
|                  |            |  |                               |              |
|                  |            |  |                               |              |
|                  |            |  |                               |              |
|                  |            |  |                               |              |

TOTAL: \$

**2. ACCOUNTS RECEIVABLE**

| Name and Address (City and Street) From Whom Due | For What is Due | When Sold | When Due | Amount |
|--|-----------------|-----------|----------|--------|
|  |                 |           |          |        |
|  |                 |           |          |        |
|  |                 |           |          |        |

TOTAL: \$

**3. NOTES RECEIVABLE**

| Name and Address (Street and City) for Whom Due | For What Due | How Secure | Date | Maturity | Amount |
|---|--------------|------------|------|----------|--------|
|   |              |            |      |          |        |
|   |              |            |      |          |        |
|   |              |            |      |          |        |

TOTAL: \$

**4. REAL ESTATE**

| Description of Property | Title in name of | Market Value | Cost | Amount Encumbrance | Monthly Payments | Monthly Income |
|-------------------------|------------------|--------------|------|--------------------|------------------|----------------|
|                         |                  |              |      |                    |                  |                |
|                         |                  |              |      |                    |                  |                |
|                         |                  |              |      |                    |                  |                |

TOTAL: \$                      \$                      \$                      \$

**5. EQUIPMENT**

| Description and Capacity of Items | Age of Item | Market Value | Cost | Encumbrance | Monthly Payment |
|-----------------------------------|-------------|--------------|------|-------------|-----------------|
|                                   |             |              |      |             |                 |
|                                   |             |              |      |             |                 |
|                                   |             |              |      |             |                 |
|                                   |             |              |      |             |                 |

TOTAL: \$                      \$                      \$

**6. LIFE INSURANCE – CASH VALUE**

| Name of Company | Policy Number | Name of Insured | Beneficiary | Face Value | Cash Value | Amount Borrowed |
|-----------------|---------------|-----------------|-------------|------------|------------|-----------------|
|                 |               |                 |             |            |            |                 |
|                 |               |                 |             |            |            |                 |
|                 |               |                 |             |            |            |                 |

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_